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S. HANBURY SMITH, M. D.,

Professor of Theory and Practice of Medicine in the Starling Medical College.



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MISTAKE IN LAST No.—In the article of Prof. Kirtland, on the use of Strychnine in malarious disease, a very gross mistake occurs in the formula on page 512. It should be as follows:

R Strychnine crystals, xvi grs.
 Water.
 Alcohol, aa ʒvii ss.
 Acetic Acid.
 Tr. Cardamom comp. aa ʒss.
 M. F. Sol.

Dose—20 to 30 drops 3 times a day.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. 1—*On the Protective Power of Vaccination.* By A. H. BROWN, M. D., Prof. Mat. Med., &c., Berkshire Med. College.

The series of observations and experiments by which the illustrious Jenner demonstrated the protective power of vaccination, form one of the most brilliant eras in the history of medicine. For generations had the small-pox sent terror and distress into all the nations of the world. Well authenticated records of its ravages, from the time of Mahomet, to the close of the last century, have been preserved; and according to these, no disease which ever desolated the earth has caused so much suffering and fear. Amidst the snows of the extreme North, and on the sunny plains of the tropic, has it sent forth its noisome exhalations, polluting the air, and propagating its poison wherever victims could be found. Previous to the introduction, of vaccination, the deaths from small-pox in London alone averaged about two thousand annually, as appears from the bills of mortality. In a single year, 1776, more than three thousand and five hundred died of this disease in that city. The Spanish historians of the conquest of Mexico relate that in a short time after the small-pox reached the capital more than three millions and a half of lives were lost by it in that nation alone.

After the disease had exercised uncontrolled fury for more than a thousand years, it was discovered that its virulence might be greatly modified by the process of *inoculation*, or *engrafting*. To whom the world is indebted for this boon is not known, but its introduction to the notice of civilized nations, by Lady Montague, near the beginning of the eighteenth century, was followed by considerable amelioration in the extent and severity of the disease.

But it was left for Jenner to disarm the small-pox of nearly all its terrors, and thus to confer an inestimable benefit upon

all succeeding generations. After more than twenty-five years of thought and observation and experiment, extending from the time the dairy-woman made the remark which first drew his attention to the subject—"I cannot have that disease, I have had cow-pox," to the 14th of May, 1796, when the first decisive experiment of vaccination was made on the boy Phipps, who, on the 1st of July following, was thoroughly inoculated with the virulous poison, but without any effect; after this long and anxious period, full of useful labors, did the immortal Jenner announce to the world his triumph over this formidable enemy. It was no accidental discovery; it was the legitimate result of the most careful and patient observation, conducted on the most philosophical principles.

The discovery of Jenner was rapidly and widely published, and in half a dozen years it was known in nearly all parts of the earth. Since that time the practice of vaccination has become very general in all civilized nations. But it was early ascertained that protection against the small-pox by means of vaccination was not entire and universal. Many who had been vaccinated, and supposed themselves effectually protected, were attacked by the disease. Jenner at first asserted that the vaccine influence afforded complete and permanent security against the small-pox; but it was not long before he saw occasion to modify this opinion. It is now considered as well settled in the minds of medical men that *ordinary* vaccination does *not* afford absolute and universal protection against the small-pox. Every physician who has had even a limited experience in this disease must have met with instances in which vaccinated persons have suffered severely from it. Of 694 persons admitted to the small-pox Hospital in London in 1838, 298 had been vaccinated. The very last patient I lost of this disease, who died on the sixth day of the eruption, and had the disease in its most confluent form, had been vaccinated, and thought himself thoroughly protected.

It is of the highest importance to ascertain the *cause* of this imperfect security, and to provide a remedy, if any exist.

Is it owing to the deterioration of the vaccine virus? It has long been a popular notion that the protective influence of the virus is weakened by passing from body to body, but neither analogy nor experience countenances this opinion. The virus of small-pox itself, of measles, of scarlet fever, of syphilis, is not less effective now than it was a hundred years ago. It has not become deteriorated by passing through a succession of human bodies. Why should the virus of cow-pox be an exception to this general law? Can any reason be assigned why successive vaccinations should deteriorate the virus of

cow-pox, which will not apply with equal force to the poison of small-pox, or of syphilis? Neither does experience favor this notion, for the appearance of a true vaccine pustule at this day corresponds perfectly with those described by Jenner himself, when the virus was unquestionably fresh from the cow. Persons have frequently been vaccinated with matter taken directly from the cow, and the pustule has presented the same appearances as those produced by virus from another person. A neighboring physician, (Dr. J. C. Bartlett, of Chelversford, Md.,) recently saw pustules on the hands of a milker which bore a perfect resemblance to those produced in the ordinary way. Moreover, some who have contracted the vaccine disease directly from the cow, have subsequently been affected by the small-pox. These considerations seem to show conclusively that the imperfect protection afforded by vaccination is not owing to the deterioration of the virus.

Is it to be attributed to the gradual extinction of the vaccine influence as life advances, so that after a fixed, but unknown period, the system again becomes susceptible of small-pox? I am very strongly inclined to answer in the negative; certainly my own experience is decidedly opposed to such a notion. I am quite sure that a majority of those under my care who have had the small-pox, after having been vaccinated, have contracted the disease within a very few years of the time when they supposed themselves protected against it. If a careful analysis be made of all the cases in which vaccinated persons have the small-pox, I think it will appear that the disease is contracted quite as often while the vaccination is yet recent, as when it is long past, and might be supposed to have lost its influence. I regret that my inquiries on this point have not been recorded, for a series of well-established facts is much more satisfactory than a general impression, however confident it may be.

Dr. Richardson, of Eastport, Maine, in 1819, vaccinated three children in one family, of the ages of one, three and five years. When the small-pox visited that place in 1840, these three persons, together with two others who were born after 1819, but had never been vaccinated, were inoculated with the small-pox virus. The result was, that the last two had the disease, while those two who had been vaccinated escaped, though the vaccination had been of more than twenty years standing.

The doctrine that the vaccine influence wears out in a period of five, seven, or ten years' duration, is contrary to the analogy of other non-recurring, self-limited diseases. Nobody supposes that the immunity secured by having had the small-

pox or the measles once, is lost after a short series of years. The exceptions which occasionally occur in these, and other similar diseases, depend upon causes which we do not understand; certainly they do not depend upon the extinction of the protective influence by age, for instances are not very rare in which the disease has recurred after an interval too short to authorize that supposition.

It has been said that the occurrence of puberty, more than any other known cause, has a tendency to destroy the protective power of the vaccine influence. And when we consider the remarkable change which takes place in the human constitution at that period, we cannot be surprised if it does weaken, in some degree, the security afforded by vaccination. The facts just mentioned, however, as having occurred in the experience of Dr. Richardson, do not sustain this idea; for in the three children mentioned by him, inoculation of the virus of small-pox produced no effect, though puberty intervened between the periods of vaccination and of inoculation in all the three cases. And I think it will be found, on a close examination, that the occurrence of puberty has no more effect in weakening the protective power of vaccination than in developing anew the susceptibility to the small-pox or the measles.

*Does the want of entire security afforded by vaccination depend on the imperfect manner in which the operation is performed?—*Much of the vaccination which passes for good, is, without doubt, quite inefficient. To render it efficient, three conditions are necessary: first, a pure virus; second, a proper introduction of it into the system; and third, allowing the pustule to pass through its different stages without impediment. It is not strange that one or two of these conditions should often be wanting, when it is recollected that vaccination is so frequently performed by persons totally unprepared by experience or education to judge correctly of its progress and success. Even physicians, it is to be feared, who are in the constant habit of vaccinating, do not give it that attention which its importance demands.

One thing should be distinctly borne in mind at the outset, viz: *that no cicatrix or scar resulting from a vaccination affords any proof whatever of security against small-pox.* The notion is exceedingly prevalent, that a well-defined scar is a certain sign of effectual vaccination; but it is so far from being true, that no dependence whatever should be placed on this appearance. In some of the worst cases of small-pox which I have seen, there was on the arm a distinct mark of a previous vaccination, and I am sure that my experience accords

with that of those who have been more familiar with the disease. Any one may find abundant proofs of its correctness in most of the late works relating to this subject. It is not contended that there is no difference in the cicatrices, for every body knows that the difference is very striking. The small, well-defined, pitted scar is certainly a safer indication of effectual vaccination than the broad, smooth mark which we often see. But the most that can be said is, that the vaccination is *more likely* to be good in the former case than in the latter; though in neither can it be depended upon. The physician who judges of a person's immunity from small-pox by the mark which he may find on his arm, will often have the mortification of discovering that he was mistaken, and mistaken, too, where most important interests are depending.

I am well satisfied that the failure of vaccination to afford protection against the small-pox does not depend on the deterioration of the virus, or the decay of the vaccine influence in the system, *but on the imperfect manner in which the process is conducted*. The body should be saturated, so to speak, with the protective influence. There is, in every person, or nearly every one, a certain degree of susceptibility to contract the small-pox. This susceptibility must be overcome, so far as it is possible to overcome it. This can be satisfactorily accomplished only by repeated vaccinations.

Now it is possible, though I do not affirm it, that a single vaccination, if properly conducted, is sufficient; but we cannot be sure that it is; and therefore, to be on the safe side, we repeat the operation till the system is no longer susceptible to the vaccine disease. But it may be that a single vaccination, however regular may be its progress, is not sufficient to destroy entirely the susceptibility to small-pox; a second or third vaccination, then, may be necessary to eradicate from the system all the *materies morbi* which gives rise to small-pox. In other words, here is a certain tendency to a given disease to be destroyed, or at least reduced to its minimum; to accomplish this end we vaccinate; is the tendency entirely overcome or reduced to its narrowest limits? It is impossible positively to determine; we therefore vaccinate again, and perhaps again, till the system no longer feels the effects of the vaccine matter. We now are sure, either that one of these vaccinations has destroyed the tendency to small-pox, or that all of them have reduced it to its minimum.

I do not undertake to decide which of these opinions is the correct one—whether the protective influence is conveyed by a single vaccination, and re-vaccinations are resorted to simply as precautionary measures, or whether the susceptibility

to small-pox is destroyed piece-meal by successive introductions of the virus. The latter opinion seems to receive support from the fact which has been noticed by many experimental observers, that those who have been thoroughly and repeatedly vaccinated, very rarely, if ever, contract even the modified form of small-pox. I recently attended a vaccinated patient, a boy, who had the small-pox pretty severely, and was nursed through his entire sickness by his mother. She, however, having been repeatedly vaccinated, had no appearance whatever of the disease. Is not the almost perfect immunity which physicians experience the result of the repeated vaccinations to which they subject themselves? I know many physicians who have freely and for years exposed themselves to the contagion of small-pox, and have not contracted even its mildest form.

The public should be taught that a single vaccination is not to be relied on; that a cicatrix, however good in its appearance, is no certain sign of protection, and that the domestic practice of vaccinating is injudicious and insecure. The physician should be careful that the virus which he employs is taken from a young and healthy subject; he should watch, if possible, the progress of the vaccine pustule; and, even though he may make use of the test known as *Bryce's*, he should, after the completion of the first vaccination, introduce the virus again and again, so long as it produces any of its characteristic effects.

In this way the greatest possible security will be obtained against the small-pox and its modified form, varioloid.—Doubtless cases will occur in which no protection will be of any avail; but these are dependant on certain idiosyncrasies which we can neither understand nor control.

ART. 2—*Trial for Mal-Practice.* Reported by THEODORE NICHOLS, M. D., Warren, Trumbull Co., Ohio.

At the June Term, 1849, of the Court of Common Pleas, Mark A. Rice appeared as plaintiff by his father, and sued Dr. J. Bascomb, of Green township, in this county, for mal-practice, and claimed \$3,000 as damages sustained. The allegations, as set forth, were—

1st—"That Dr. B. broke his (the child's) leg during delivery, on March 1st, 1844, and neglected to set and heal the same."

2d—"That it was broken during delivery, and that the aforesaid Dr. B. neglected to set it, and unskillfully pronounced it a *club foot*, which could as well be attended to at

some future time, thereby preventing them using such means as would be necessary for the cure of the limb."

The limb now appears much smaller than the other; is three inches shorter from the ankle to the knee—the bones much less in size—the tibia and fibula have been both broken about the lower third, and have failed to form a bony union.

On the part of the prosecution, most of the persons present at the accouchment were sworn, who testified essentially to the following facts :

That as far as they knew, the labor was natural, and unattended by any untoward symptoms, save that the child, as assured them by the attendant physician, "was badly wound up in the cord." After delivery, the mother was seized with severe after-pains and convulsions, which entirely engrossed the attention of Dr. B. for some considerable time.

As he was about leaving, a lady present called his attention to a deformity in the limb of the child, which he pronounced "a club foot, and the worst one which he ever saw." It appeared by testimony, that the limb was bent a short distance above the ankle joint; some of the witnesses said it was a regular curve—others that there was the appearance of an angle about a third of the way from the ankle to the knee joint. All agreed that the limb had a stiff appearance, and that they noticed nothing different from the other, save the bow, or deformity. The Doctor, it appears, made a very casual examination of the limb, and was about to proceed further, when those present, including the father, requested him to desist, inasmuch as the mother was lying in the same room, in a very delicate condition, and would be injured if she should ascertain the deformity at that time. The remark was made by the father, that if the child should require an operation, or especial surgical skill, he would secure the services of another surgeon, whose name he mentioned.

The nurse was now called, who testified that she had the care of the child during the first three weeks; rubbed the limb some two or three times, with the intent of straightening it, but saw no motion at the point where the fracture is alleged, but regarded the limb as stiff as the other. She stated that the child was troublesome, cried often, and required much attention. She saw the child some six weeks after, and then recognized the fracture, and noticed that it was limber and movable.

Dr. Ely was next called, and stated that he was solicited, about five weeks after the birth of the child, to see the mother; and while there, had his attention directed to the deformity in the limb of the child, and pronounced it to be a

fracture ; that the ends of the bones passed smoothly by each other, from which he supposed a ligamentous union, or false joint, had been formed. He did not notice any difference in length, or general appearance of the limbs, excepting what arose from the fracture. . Advised the mother to put it in splints and keep it bandaged, but ordered no further treatment, supposing it to be beyond the reach of ordinary surgical skill.

Dr. F. T. ALLEN, of Gustavus, was called, and said that his opinion was asked upon the child's leg about six weeks after its birth ; found it in appearance similar to what it is at present ; no swelling or inflammation which led him to think it a recent fracture, and thought the end of the bones covered with a cartilaginous formation. Stated that the tibia and fibula were both broken off about one third of the way from the ankle to the knee joint. The question was then raised by the counsel, concerning the nature of club feet, and character of fractures in infants. He gave it as his opinion that a partial fracture of the bone of an infant might occur upon one side, the other remaining sound ; and stated that he had never known the bone of a child broken off with one motion.

Dr. DUDLEY ALLEN. Had seen the limb some two years ago, and found it, as now, somewhat less in size than the other, (the bones now being three inches shorter in the broken leg than in the well one, and somewhat shrivelled up.) Does not think there would be any difficulty in distinguishing a club foot from a fracture in a child at birth.

Dr. PETER ALLEN. Stated that he had seen fractures in children, and found them to partly break and partly bend, and thinks that there would be some difficulty in distinguishing between this form of fracture and club-foot ; and that a broken limb might occur, without any one being to blame, during delivery ; should not regard himself culpable in case he did not know of the fracture, for want of attention to it.

With this testimony, which establishes these facts—

1st. That the limb had been broken some time previous to the first five weeks.

2d. That there was a deformity at birth ; and

3d. That the defendant pronounced this deformity a club foot, and did not use surgical skill to heal it—the prosecution rested the case.

On the part of the defence, a deposition was read from one of the women present at the delivery, which stated that the limb was stiff at that time, and that Dr. Bascomb was not the family physician, but was merely called in an exigency, and when their favorite physician could not be obtained, and that

the condition of the child was "hushed up" by those present, to save the feelings of the mother ; that the father, as far as deponent's knowledge was concerned, never solicited the return of Dr. B. to take charge of the limb.

Prof. H. A. ACKLEY was next called, and occupied the stand something over four hours. He stated that from the testimony, and from a personal examination of the limb, he was irresistibly driven to the conclusion that the bones of the limb were defective at birth. This opinion was formed from the slight crepitation which is distinguishable at present, five years from the time of birth, the rounded ends of the bones, with no evidence of an attempt to throw out ossific matter about the fractured ends, the diminution in length and size of the bones, and the non-union, with so little motion as the testimony showed that the limb was subject to during the first five weeks. If it had been a healthy bone, and had been broken, is sure that it would have healed and formed a bony union, though in an imperfect manner.

Much of the time in the cross-examination was taken up in discussing matters not necessarily connected with the case.

Prof. A. held the opinion that the bones of infants did not partially fracture upon one side, the continuity remaining perfect on the other; but that they merely bend until the tension is so great as to divide them upon one side when they break entirely.

Dr. BRONSON thinks that it could not have been easily broken at delivery ; if it had been, it would have left marks of violence, and inflammation would have followed. Is of the opinion that there was defect of ossification.

Dr. FANEL thinks that the ossification was interfered with, as well as defective in its organization.

Dr. BEBEE might have mistaken such a curve in the ankle as the one spoken of, for a club-foot. Should not have returned to dress the limb, under the circumstances, unless invited to do so.

Dr. NICHOLS does not think it fractured at the time of birth ; could not understand how it could be so, and remain stiff for three weeks, without being strongly united as the other, though perhaps at an angle ; believes the limb imperfect in ossification, both from the present appearance of the bones, and the history of the case ; thought so at the time, and expressed his opinion at the examination of the limb the day before the trial.

Dr. BEACH thinks the deformity congenital, but that it might have been bent at the time of delivery ; might have mistaken it for a club-foot.

Dr. Woods considers it as an accidental deformity; does not think it to have been a want of ossification. Has seen fractures in the bones of infants, some of them entirely broken off, and others bent and flattened; thinks that there may be a partial fracture without its being entire.

Dr. CHIPMAN has examined the limb, but could not determine whether it was accidental or congenital. Should think that an injury would be much less likely to occur in a natural labor than a difficult one.

With this amount of testimony, the case was argued before the jury for something more than twelve hours, in a most able manner, the prosecution maintaining that there could be no doubt that the limb was broken at the time of the delivery, and through the negligence or unskillfulness of the physician the child had lost his leg: while the defence maintained that there was not the slightest evidence of a fracture for five weeks after the birth; that the deformity was a congenital one, which the foresight of no surgeon could have anticipated or prevented.

Judge Wade charged the jury that it must be proved that the limb was broken at the birth of the child, and that the family must have retained the surgeon for the purpose of healing the fracture; and that the understanding must be mutual between the parties, in order that they find for the plaintiff. The jury were absent but a few moments, when they came in and declared their verdict for the defendant.

The counsel drew up a motion for a new trial, but it was overruled by the Court.

The case occupied the attention of the Court about four days; and it is believed that there has been no case tried within the county during the last ten years which has elicited so much attention, the Court House being crowded during most of the trial.

June, 1849.

ART. III—*On Malaria*. By J. R. Black, M. D.

While perusing, some time since, that excellent work—"Watson's Practice of Physic," I was struck with the singularly conflicting and unsatisfactory views, among medical men, on the subject of malaria. By citations chiefly from Ferguson, it is there shown that all the effects ordinarily attributed to malaria, may be produced independent of the presence of organic matter in a state of decay; and that they are even produced under circumstances diametrically opposed to each other. These facts, coming from undoubted authority, and

corroborated by many others of equal weight, led me to enquire whether there really was such an entity as malaria.

Seeing that it is universally believed to be one of the most common sources of disease, by perversion, as is usually stated, some little attention will be devoted to an examination of the evidence on which its existence is founded. The main—indeed the only basis for arguing its existence, is found in the effects it produces in certain localities. Chemists have in vain exerted their ingenuity and skill in throwing any light on its nature, or rather of its existence. This signal failure leads the mind to doubt whether the talent and intellect bestowed in attempts to elucidate its nature have not been thrown into the wrong channel; and certainly the proficiency of chemical science warrants the surmise; for vegetable and animal decompositions have been scrupulously scrutinized, water and air skillfully analyzed, and the uniform result has been a total failure in affording the least evidence even of its existence.

Those whose authority it is impossible to doubt, have given, as the result of their observations, very different opinions regarding its origin.

Dr. Ferguson, already referred to, says that while the British army were encamped in Holland, in a region "which was a level plain of sand, with a perfectly dry surface, where no vegetation existed, or could exist, but stunted heath plants, it was universally percolated to within a few inches of the surface, with water which, so far from being putrid, was perfectly potable. Here intermittents and remittents appeared among the troops in great abundance." Dr. Brown remarks, on the evidence presented by Dr. Ferguson, that "if no vegetable matter was present, some influence from mere terrestrial soil gave rise to the effects"—*Cyc. Pract. Med. Art. Malaria*. Dr. Bartlett, in his work on Fevers, says "that unquestionably there is very active decomposition of both animal and vegetable matter usually going on in malarious localities; it is possible enough this decomposition may produce the poison, but there is no positive *evidence* yet that it does so, and there are even some reasons for doubting it altogether."—Page 397. Dr. Dunglison thinks that from his observation, "it would not seem to be either of animal or vegetable origin, but to be geological, or connected with locality." Dr. Webster says that malarious effects and decomposition "are often in company with each other, but they have no necessary connection." Professors Dickson and Mitchell are both advocates of the animalcular theory. Numberless other eminent authorities might be cited, who entertain very dissimilar ideas of what

the poison is that gives rise to pyrexia of a remittent and intermittent character. But these will suffice to show that the popular favor with which an indefinite something was held to float about in the air, poisoning those that came in contact with it, is fast on the wane; and that we may safely consider, (at least for the sake of investigation,) that malarious effects and decomposition are merely coincident, having no relation as cause and effect. Indeed it might be pointedly urged that if this relation, in time and place, proves that they stand as cause and effect, why is it not invariable? or why is not the abundance of one exactly proportional to the intensity of the other—a thing known not to exist.

But what are the unvarying conditions, and observed laws of malaria, as deduced from its effects? The answer to the last clause is succinctly stated by Dr. Watson. 1st, It is most dangerous at night. 2d, It loves the ground. 3d, It is moveable by the wind. 4th, It is attracted by trees. 5th, It loses its properties by passing over a small surface of water. 6th, It is lessened by cultivation of the soil. Of the invariable conditions only two present themselves. 1st, A high temperature; and 2d, A moist or marshy country. Concerning the last, Dr. Ferguson says it is a law (to which he assures us there is no exception in climates of a high temperature,) "that the only essential requisite for the formation of the poison, is that water should be absorbed by the soil, and then exposed to a speedy evaporation." It is recorded of the upper provinces of India, by Dr. Watson, "that during the period when the rain falls in torrents, and the cloudy sky tends to prevent evaporation from the ground, the forests may be passed with tolerable safety. *It is in the extreme heat, and immediately after the rains have ceased*, in May, the latter end of August and September, *that it is most deadly*." Again: in England malarious effects prevailed to a great extent. James I and Cromwell are both said to have died of its effects. In the present day it is almost unknown, owing to the draining of the marshes and low grounds occasionally overflowed. It is conceded on all hands that moisture has an indispensable place in the development of malarious effects; and thus it is generally found, that in seasons unusually rainy, followed by a warm, dry sun, malarious effects are much more rife than in other seasons.

It is our belief that heat and humidity, under certain circumstances, afterwards to be mentioned, are alone able to develop the extreme unhealthiness observed in certain localities; nay, more than that, they are in all likelihood the poison itself. To prevent misunderstanding, in using the word poison, or

malaria, we would state that it is only meant to signify bad, or poisonous effects ; just as when a man, heated by exercise, stretches himself on the ground, rises indisposed, and is seized with fever, without the addition of anything specific to the body.

If to the opinion above subscribed to, there are not more facts to substantiate, facts having a practical bearing on daily practice, then all that is required is a speedy dismissal of the whole theory for one better supported, more plausible, and more appropriate to the wants of the physician. Fortunately, in advancing any new views on this subject, there is no necessity of opposing any facts in the old, no facts supporting the theory of a specific subtil matter floating in the atmosphere ; so that by candid and free enquiry everything may be gained, where nothing can be lost.

A moment's reflection must convince any one that if organic decomposition is the cause, the observed effect must always be the same in time, proportion, and locality ; that it is *not* always so, the best of proof has already been offered ; but because it sometimes is, it must be held out to be a sequence. In this manner, one apparently proves peculiarities of soil to be the cause ; another obviously demonstrates that it is due to sulphuretted hydrogen ; another to electricity, or to a high dew point, or to a certain cryptogamous plant.

But to our theory. We have already referred to the time when malarious effects are usually excited. In very warm climates, the beginning of the rains is one of acknowledged danger ; but as soon as the almost instantaneous change in the thermal and hygrometrical state of the atmosphere is past, and the body has time to adapt itself gradually to the change, no danger is feared. For the same reason the approach of night, in fair weather, is one of danger ; the earth no longer receiving heat, is quickly engaged in radiating into space what it contains. The process of radiation is greatly facilitated by a humid soil—a fact well known practically to those who fear the destruction of fruits on a vernal night. The air now being cooled by the cold earth, precipitates dew, and when the air is humid, fogs are the result of decreased temperature. The consequences are, the rapid obstruction of caloric and electricity from the body—the cold and humidity suppress exhalation from the body to a great degree, and displace a large amount of oxygen in the air. All these effects are multiplied by proximity to the earth, where all these changes are most active ; whence we perceive why those in the lower rooms of a house suffer, while those in the higher escape ; and why night is more dangerous than day, and

spring and autumn more than midsummer. In the former periods the animal range of temperature is greater than the latter, as is shown by the heavy dews that fall.

In temperate climates these effects are not observed to the same degree that they are in tropical; for first—the diurnal change in the air is neither so great nor so rapid; and second—the body is not overstimulated by intense heat in the former as in the latter.

Baron Humboldt remarks, “that the salubrity of tropical climates depends more on the degree of dryness of the air than on any other of its sensible qualities.” And we further observe that these changes are hardly noticed when a whole tract of country is inundated, or over the ocean, however high the temperature—plainly because water does not absorb the rays of the sun, nor does it radiate like the earth; the diurnal range of temperature is therefore small, from this cause at least. “On the ocean,” remarks Dr. Gardner, “the dew point is not relatively higher than in dry places.” Trees afford protection from neighboring marshes, by preventing nocturnal reaction, thus keeping the temperature nearly uniform; those that have the thickest foliage are the most protective—as the cedar, &c. Prof. Daniel found, he says, “the temperature 8 or 10 degrees higher in sheltered than in unsheltered parts.” The cold, damp air of marshes, meeting the warm, dry air of forests, is rendered innocuous. It is also worthy of being mentioned, that Davy found that diminution of temperature from radiation, is much increased by the presence of organic matter.

Dr. Johnson, in his work on Tropical Climates, page 74, says:

“In the month of October the weather was so warm, and the nights so cloudless and serene, that many of us slept in the open air, at Liberia, (Bengal,) an island about twenty-five miles above Macas, where we had tents for the sick. But in November the nights became exceedingly cold; and although there was not anything that could be called a swamp or marsh on the island, yet intermittents and fluxes made their appearance, and continued to increase without any apparent cause, except these sudden vicissitudes in the temperature of the air.”

In the same work we find, from the observations of Boyle, on the fever most prevalent in Sicily, “that he regards a sudden diminution of temperature, *as essential to its production*, accompanied with much humidity of the atmosphere”—Page 244.

[TO BE CONTINUED.]

BROWNSVILLE, Ohio.

ART. IV.—*Interesting Cases from Private Practice, with Remarks.* By R. L. HOWARD, M. D., Prof. of Surgery in the Starling Medical Institute.

(CONTINUED FROM VOL. I, NO. V.)

CASE V.—*Extensive Adhesion and Contraction of the Vagina, from Lacerated Perineum, followed by two consecutive Pregnancies, with the method adopted for delivering the Patient at each Accouchment.*

On the 28th. of November, 1836, I was called to visit Mrs. C., about ten miles distant, who was said to have been in labor about thirty-six hours, and had been attended by two physicians, Drs. H. and S. When I arrived, on inquiry I found the patient, a primipara, 30 years of age, and although a large, athletic, and healthy woman, she was completely exhausted from the severity of the labor and the means employed for her relief; her pains had, however, now almost entirely subsided. She had been bled, and had taken ergot in abundance, but it had ceased to produce contraction of the uterus. On examination, I found a large fœtal head firmly impacted in the cavity of the pelvis, and resting upon a broad perineum. I was informed that the head had been in this position for many hours. In view of the possibility that the fœtus was yet alive, though motionless, (auscultation having never been suggested in such cases,) and that the soft parts were pretty well distended, and still distensible; also, that there was but little probability of returning pain for a considerable time, at least, I decided to deliver with the forceps. I placed the patient upon her back, in a convenient position, and applied them (Haighton's, which are short and wide between the blades,) without difficulty; but in making the necessary extension, the perineum gave way—not, however, to any considerable extent. A lifeless child was speedily delivered. The placenta soon followed, the uterus contracted, and every thing promised well. I left her under the care of her physicians, and saw her no more for about one year; but I was informed that violent inflammation, sloughing and suppuration followed delivery, and that she had a very tedious convalescence.

In the Fall of 1837, as I was passing through the neighborhood, I was consulted by Mrs. C. respecting her present situation. She informed me that from the condition of her stomach, mammæ, abdomen, &c., she should suspect herself pregnant; but that such a thing was impossible, from the fact

that sexual intercourse never had been effected since her confinement; that the vaginal passage was entirely closed. I immediately proposed and obtained an examination. I found, on passing my finger into what was once the vagina, a solid cartilaginous mass that *seemed* to fill up and obstruct the entire passage. The sphincter ani was entire, but the perineum was completely obliterated. On searching more closely, I discovered directly behind the pubes a small opening, large enough to admit a female catheter. The tissue around it was inelastic, and would not admit of the least dilatation. Through this orifice the menses had discharged. I assured the lady that however *impossible* it might appear to her, she was nevertheless pregnant, and that we should lose no time in endeavoring to overcome, to some extent, the contraction. For this purpose, I made use of the sponge tent, curiously contrived silver springs, &c.; but such was the irritability of the parts, and the annoyance they produced, I was compelled to abandon every thing of the kind, and resolved to wait till labor commenced before adopting extraordinary measures.

On the 9th of May, 1838, Mrs. C. was taken in labor, and I was summoned to attend her. I found her suffering from very severe, but regular labor pains, and had been for some five hours. On examination, no material change was found in the soft parts. With a good deal of difficulty I could force the point of my index finger into the orifice, and feel the foetal head as it was driven with great violence down upon the cicatrized mass below. What was to be done? I resolved first to try the advice of Dewees, then the best authority in such cases. He says—"bleed the patient *ad deliquium animi*, and the cicatrix will at once yield, and allow the child to pass," or to that effect. I tried the experiment most faithfully. The patient was placed in a standing posture, and I drew blood till she fell upon the bed in a state of complete syncope. But as I anticipated, no favorable change was effected in the vaginal aperture. After waiting for *nature* till all hope, as well as the strength of my patient, was exhausted, and fearing a rupture of the uterus from the violence of its contractions, I passed a probe pointed bistoury through the orifice adverted to, and when the pain came on I allowed the head, which fell upon the back of the bistoury, to drive it downward and outward, through the callus, in the same direction in which the incision is made for lateral operation for stone in the male. In due time I discovered the head could not pass without great violence. I then turned the edge of the bistoury in the opposite direction—i. e., towards the other sacro-iliac symphysis, and divided it in the same manner

These free incisions, made during severe pains, were not felt by the patient. Dilatation was now easily effected, and the child was speedily and readily delivered; but the compression had been so violent and persistent that life was extinguished—a source of great grief to the mother. The labor lasted about ten hours, from which she had a prosperous convalescence; but the same firm inelastic cicatrix recurred.

Sept. 24th, 1840. I was summoned to attend this lady in her third labor. On my arrival I found the condition of my patient in all respects precisely similar to that in which I found her in the preceding confinement. The pains were exceedingly violent, and the parts were obstinately unyielding. I lost no time in making incisions in the same manner, and to the same extent as before, and the result was fortunate indeed, as she was not only safely delivered, but was favored with what amply rewarded her for all her pains—a beautiful, healthy, living child. She recovered rapidly, but to my knowledge she has never since become pregnant.

Remarks.—This case, in many respects, is extremely interesting and instructive. It gives us three labors in the same female, and each occurring under unusual circumstances. In the first, we see exemplified the danger of free exhibition of ergot. Unless the delivery is soon effected, the life of the child is greatly endangered, and the uterus is exhausted. If the death of the child had been ascertained, cephalotomy would have been resorted to; but as it was, the hope of saving a human life sacrificed the perineum of the mother. At the present day, *guess-work* is out of the question. Auscultation can reveal to us the all-important fact in such cases, and we need seldom, or never err.

In the foregoing labors, if the measures to which I resorted shall aid any member of the profession under similar circumstances, I shall be fully satisfied. Having had much anxiety on account of it myself while it was on my hands, I have long felt the importance of reporting the facts in the case just as they occurred.

CASE VI.—*Occlusion of the Vagina—Conception ten years subsequent to Marriage, with Hymen remaining Unbroken.*

Not many years since I was consulted by a very respectable English physician in Ohio, respecting the unfortunate condition of his good lady. He stated to me that he had been married ten years or more, and that in consequence of a complete occlusion of the vaginal passage, the consummation of the matrimonial union had never been enjoyed. The menstrual function had been performed regularly, and the fluid had

made its escape, but through so small an aperture that he had never been able to discover it by any inspection he had ever made. Soon after his marriage, in England, he removed to the West Indies to practice his profession ; but whether from failure of professional or sexual operations I know not, he resolved to return to England for the purpose of obtaining relief from his embarrassments, especially those growing out of the latter. With this object in view, he went directly to Sir Astley Cooper, and laid before him the whole truth of the case. Sir Astley assured him there was no difficulty in the matter, and that being himself a physician he ought to be able to break down the hymenial membrane without a resort to foreign aid. He exhorted him to return home—to begin anew ; and if ordinary measures failed, to make a sort of *pioneer* of his index finger, persisting until his object was accomplished. The Doctor returned to his task, but as usual his efforts resulted in failure. For the last year or two he had despaired of overcoming the abnormal and most *provoking* obstruction, and had concluded he might as well make a virtue of necessity, exchange compulsory for voluntary continence, denounce the matrimonial alliance as odious and sinful, and turn monk. But unexpectedly, and to the amazement of all, he assured me that a few months previous to the date of our conversation, he had every reason, with one very important exception, to believe that his wife was *enciente*. This exception was, that coitus never had been effected. Still the menses had ceased, the mammæ were enlarged, there was nausea and vomiting, an increasing abdominal tumor, with unmistakable motions of a living child within it. An old medical friend of mine was called to examine her case about this time, and he assured me she was pregnant, but that he was unable to detect an opening through the hymen. When the period of gestation was complete, she was taken in labor, and myself and friend were summoned to attend her. On our arrival, we found the labor progressing rapidly, and on making a per vaginal examination, the fœtal head was already engaged in the inferior straight, and the obnoxious hymen—the “bone of contention” for so many years had burst assunder and disappeared. The woman had a safe delivery and a living child, but she never recovered her health subsequently, from what cause I was never informed.

On the Contagiousness of Cholera. By E. C. BIDWELL, Keene, Ohio.

The question of the contagion or non-contagion of Asiatic Cholera has been, from its first invasion, in 1832, to the present time, a fruitful theme of discussion. Like most other questions touching that terrible disease, whether of pathology or therapeutics, it has yet received no settlement, satisfactory and acceptable to the whole profession. It is indeed probable that a majority of the profession hold, or did hold, to the negative; but there is still a respectable minority, in which are to be found many of its shining lights, who believe and teach that cholera is contagious.

Doubtless much of profitless speculation and argumentation has been spent upon the subject. I propose not to add to the hypotheses already so numerous, and so vexatious to the diligent searcher after truth, by which an elucidation of the etiology of this mysterious disease is attempted. But pertinent and authentic facts can never be too numerously accumulated. It is to the mass of such on record I wish now to contribute an item.

Mr. P. had been traveling several weeks in Illinois and Iowa, and suffered during a considerable part of his absence with diarrhœa, which he kept partially in check by the very liberal use of morphine and brandy. On his return, by way of the Lakes, he saw several cases of the cholera. He reached home Tuesday evening, June 18th, and was taken almost immediately with vomiting, and purging of the rice-water discharges peculiar to the Asiatic cholera. Cramps, &c., soon supervened. He went into collapse a little after noon, on the following day, (June 19th.) and died in the evening.

On the 22d, Robert R., an apprentice of Mr. P., and a member of his family, was taken early in the morning with purging. At 9 o'clock, when he first had medical attendance, the evacuations were copious, both by vomiting and stool, and had the appearance peculiar to those of cholera. The prostration was extreme. He went rapidly into collapse, and died at 4, P. M.

Robert R. was not a healthy lad; he had labored three or four days under diarrhœa; he eat a few currants, and one cherry on the evening of the 21st. He was not at any time in the room with Mr. P., but was constantly about the house, and assisted in cleansing clothes, &c., on the following day, the 20th.

In the evening of the same day, Samuel B., another member of the same family, was similarly attacked—grew progressively worse, until 2 o'clock, P. M., of the following day—23d, when he also died.

S. B. was a dissolute young man, and had labored under a serious bowel complaint two weeks. It was even said that he had cramps some days before, but his most intimate friends knew nothing of it until the severe attack on the day above mentioned.

Another young man who lived in the same family, and worked in the same shop, of better habits and better health than the last-mentioned, was affected on the evening of the 22d with the initial symptoms of cholera, but recovered. He also had assisted in the cleansing after Mr. P.'s death.

Several others who had been more or less with the sick were about that time affected with similar symptoms, but there was no other case of fully developed cholera until the 27th.

On that day a young woman who lived in Mr. P.'s family, and was in attendance on the first two cases, having been unwell for some days previous, was decided to have the cholera, from which she soon recovered.

July 2d, Dr. S., who had been in almost constant attendance on the last preceding case, and some others, and whose health had been previously somewhat impaired, had a mild attack, from which he quickly recovered.

3d. Nancy S., a woman past middle age, for a long time subject to a diarrhœa, was taken in the night, but had no medical aid till morning, when the disease was pronounced cholera. She died on the evening of the following day.

5th. Mrs. A., sister to Dr. S., above-mentioned, having been previously affected with bowel complaint while attending on him, had an aggravation of that disease into a slight attack of cholera. She soon recovered.

10th. William E., who barely saw the first two cases, was taken on the evening of June 22d with *bilious* vomiting and purging, which were easily restrained. A distressing sense of prostration and epigastric weakness remained with him, with symptoms of a tendency to diarrhœa, till the 10th July, when he presented the diagnostic symptoms and evacuations of cholera. The disease was promptly arrested, and he gradually recovered.

Subsequently, two or three cases of cholerine, or choleroid symptoms, recovered, all in persons who had been much with those previously sick.

The weather, during the prevalence of the cholera and cho-

lerine here, was very warm and dry; the mean temperature for some weeks being 74° Fahrenheit, and the range very limited. One thunder storm occurred on Saturday, June 23d. There was very little rain beside, during the period included in this history.

Sincerely desirous of contributing to the establishment of truth, rather than any particular theory, I have simply narrated facts as they came under my own observation, except a few particulars for which I rely on the testimony of others, and have omitted no material circumstance known to me, which made either for or against the doctrine of contagion. I have, indeed, avoided lumbering the narrative with comments, and even omitted the details of symptoms and treatment, as being irrelevant to the question at issue. I presume, therefore, no recapitulation is required to condense it still more.

It is of some importance that those who are unacquainted with the location, be informed that Keene is a small town, on an elevated site, by no means densely peopled or unusually filthy, entirely exempt from intermittent and all other endemic diseases; in short, it is noted for its salubrity, and one of the very last places to be singled out for a spontaneous visitation from the pestilence that, of all others, thrives in a malarious atmosphere, and revels in the crowded and filthy lanes of populous cities. Moreover, at the time of this visitation there was certainly no other case of the disease nearer than Cleveland—nearly one hundred miles distant, and none so near in any other direction.

Now I beg to ask the non-contagionist if the occurrence of the several other cases so soon after, and so near to the first, and among those only who had been in contact with, or close proximity to that one, is naturally to be set down as a mere "coincidence?" In view of all the circumstances, the evidence of a connection between the first case and those that followed, in the relation of cause and effect, seems to me little short of actual demonstration; and that the mind which can resist it, would be convinced by no amount of such testimony as almost all medical reasoning, including our best-established theories, does, and ever must, rest upon.

The deniers of contagion, while they admit the force of such cases as those now narrated as proof of contagion, claim that they are comparatively few, and seek to overwhelm them by reference to the greater number of cases to exposure without contracting the disease. They need to be reminded that, in matters of this kind, a single sufficient proof in the way of

affirmation is "proof" against all the mere negatives it is possible to array against it. An *army of negative facts*, though each as faultlessly correct as abstract Truth itself, and marshalled by Logic impersonate, can never overthrow or invalidate a doctrine which is the true exponent of *one established, positive fact*.

To those who deny the contagiousness of cholera, because, as indeed seems sufficiently evident, it is propagated by other means than personal contact, and even in many cases where the agency of contagion seems impossible, I would say that it is altogether an unnecessary limitation of view which can recognize but one mode or cause for the spread of disease. This, I am aware, is with many the great obstacle to faith in contagion, and if I were engaged in constructing a theory, instead of the humble labor of laying a foundation stone for others to rear theories upon, I should consider the full discussion of this point essential; but even the outline of the facts and analogies by which it may be sustained and illustrated, would transgress the limit of both the space and the purpose of this paper.

As regards the symptoms and features of the disease, as it appeared here, I do not know that they were in any respect peculiar or different from those observed elsewhere, which are at this time sufficiently familiar to all physicians. In one case, however, a circumstance occurred *post mortem*, which I do not remember to have observed or heard of in any other case of any disease. It was the second case, (Robert R.) Immediately after respiration ceased, the pulse, which had been nearly extinguished, became full and strong, and beat regularly, so as to be felt and *seen* at the wrist, the neck, and the præcordia. At the same time, strong muscular contractions (which were observed in a less degree in the other bodies,) threw the limbs and features of the dead boy into various frightful contortions. These phenomena—both the heart's action and muscular spasm—continued at least half an hour, during which time an unsuccessful attempt was made to re-excite respiration by electro-magnetism.

Concerning the treatment, I am sensible that the experience limited to these few cases will not justify any strong recommendation or condemnation, though a fair proportion were successfully treated. I fully believe that much injury has resulted from the premature vaunting of medicine, which restless and ambitious men had *employed* in their two or three cases which terminated favorably, diverting the minds of the undecided from rational modes, and many to an undue confidence

in those that are worthless. I will only say, therefore, that *opium*, in large doses, seems to me now, as before, "only more so," *not the remedy* for cholera; and that better effects *seemed* to be obtained from the *Muriated Tincture of Iron* than any other remedy tried. It was given in drachm doses, frequently repeated.

KEENE, Ohio, July, 1849.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Traumatic Tetanus treated with Chloroform. Recovery.* Read before the "Boston Society for Observations in Medicine and the Collateral Sciences." By EDWARD H. CLARKE, M. D.

D. L.—, male, married, æt. 27, is a native of St. Thomas, but for several years past has been a native of Boston. Was formerly a sailor, but three or four years since commenced the occupation of a stevedore. Hair and eyes brown; smokes tobacco a great deal; otherwise temperate. Of nervous temperament, medium stature, muscular, but spare and thin. According to the statement of his wife, was attacked with trismus two years since, in the island of St. Thomas, which followed a scratch upon his face, and from which he readily recovered.

On the morning of February 28, 1849, he wounded the back of his thumb slightly with a saw. As the wound bled but little, he paid no attention to it, but continued his work as usual throughout the day, and slept well at night. During March 1st he complained of being restless and uneasy, and discontinued work earlier than usual on that account, but was not troubled by the wound. He did not sleep well that night; and on the morning of March 2d, said his thumb was "sore," and poulticed it. Being unable to work on account of his uneasy sensations, he called for relief at the office of a neighboring physician, who prescribed a cathartic pill, containing blue mass, to be followed by a senna draught. His sleep was again disturbed, but he felt better the next morning. He was "not right," however, as he expressed it, and ascribed his uneasy sensations to the medicine, which produced two or three copious dejections. The poultice upon his thumb was continued. He was restless during the next night, but felt pretty well on the fourth. He had two dejections during that day, and vomited twice. Wound was not painful, but poultice was continued. Slept well during the night of the 4th,

and rose the next morning, thinking he had fully recovered. Soon after getting up, however, was obliged to lie down again, on account of a "feeling of faintness," accompanied with dyspnœa.

I was called at 10, A. M., of March 5th, and found the patient in bed, and presenting the following symptoms: Decubitus dorsal; countenance anxious; brow knit; mental faculties undisturbed; pulse 120, small and hard; respiration varying from forty to sixty in the minute, short and catching; could not auscultate the lungs on account of restless condition of patient; refuses to speak, or cannot speak; slight rigidity about muscles of neck; deglutition difficult, and attended with a spasmodic cough, which has a stridulous sound; opens mouth with difficulty; tongue moist, with a yellowish-white coat, thin at the edges, but thick at the centre. Bowels were freely moved yesterday; severe pain, not increased by pressure, just below true ribs on left side. His wife says that he has complained, for last hour or two, of great soreness and burning in his throat. Skin dry; extremities cool, but not cold.

Being unable to get at the true history of the case at that time, it was thought that the disease might possibly be of a mimetic character. Accordingly, sinapisms were applied to the neck and feet, and an antimonial solution given; not strong enough, however, to produce emesis. Respiration soon fell to 25, and pulse to 90, in the minute. Deglutition became easy. Patient spoke, and said that he felt relieved.

Patient continued quite comfortable till half-past 2, P. M., when I was again called. I found him suffering under severe tetanic convulsions; muscles of the neck, jaws and throat were rigid; mouth opened with difficulty; deglutition impossible; attempts to swallow produced convulsions, which almost threw the patient from his bed; severe pains in left side, which appeared and disappeared in paroxysms; extensors of legs, feet and toes, contracted; muscles of arms rigid. Every three or four minutes, opisthotonos so violent that the pelvis was raised from the bed, and the body arched. Sometimes the elbows would be suddenly pushed into the bed, the head drawn back, the pelvis raised, the heels forced down, and the body supported in this position for two or three seconds. The patient would then fall back exhausted, and without full relaxation of the muscular system. The convulsions recurred about once in three minutes. Pulse 120, feeble; respiration 48, of a jerking character, each inspiration being succeeded by a sudden and broken expiration. Brows contracted; eyes fixed and staring, and the corners of the mouth drawn down.

The mental faculties of the patient were undisturbed. The wound upon his thumb was slightly red and swollen ; a poultice, with laudanum, was applied to it, and a bottle of chloroform sent for.

Inhalation was commenced at 3, P. M. No inhaler was used. Chloroform was administered by means of a pledget of cotton in a handkerchief. After a few struggles, patient became fairly under its influence. The first spasm was sensibly mitigated in violence, and followed by an interval of quiet for ten minutes. At four, one hour from the commencement of inhalation, the fourth spasm occurred, which was not violent enough to raise any part of the body from the bed. Pulse, then, 88 ; respiration 28. It was decided, in consultation, to continue inhalation uninterruptedly for a considerable time.* This I was enabled to do by the assistance of several physicians, Drs. Buckingham, Andrews, Stone, Thayer, Mr. Ellis, &c. ; a medical attendant was constantly in the room, who kept his finger on the patient's pulse.

The following notes will give an idea of his condition during inhalation :

4½ P. M. A slight jerking or twitching of the body. Muscular system fully relaxed. Limbs, when raised, fall easily back upon the back. Head can be easily moved.

9½ P. M. Pulse 88 ; respiration 28, natural. Muscular system is, and has continued to be, fully relaxed. The pulse has not varied more than four beats from 88, nor the respiration more than two from 28. The patient has been kept in a state of incipient stertor. The pulse has been taken as a guide for increasing or diminishing the amount of vapor. Whenever the chloroform has evaporated or been removed, the pulse has risen, and upon renewing the supply, it has fallen. Patient has just vomited.

10¼ P. M. Patient has again vomited ; rouses, speaks, and complains of bitter taste in his mouth ; calls for water, which he drinks with ease : pulse 88 ; respiration 28.

March 6th. 7½ A. M. Inhalation has been continued constantly during the night. No return of spasms. Has passed water once, freely. Has drunk tea and water several times without difficulty or convulsion. He had occasional nausea, but no emesis. Pulse has been kept within four or five beats of 70. Respiration has been 20 ; pulse now 68, feeble ; respiration 20. Answers when addressed, and says he feels feeble. Looks around, speaks, moves limbs, and changes position naturally and without spasm. Countenance less anx-

* Drs. Bowditch, Perry, Gay, and others, saw the patient in consultation.

ious, and brow less contracted. Continue poultices to wounds.

10 A. M. Still under influence of chloroform. Has drunk some tea and vomited; vomiting followed by copious perspiration: passed urine once since 7½; pulse 72, respiration 20. Begs to have inhalation stopped.

1 P. M. Apparently asleep; no return of spasms; pulse 68, respiration 20; vomited once slightly since 10 A. M.; has taken wine and water and sago gruel in small quantities.

4 P. M. Inhalation has been continued *twenty-five hours* uninterruptedly; pulse 70; respiration 20; no return of spasms; no rigidity of muscular system; no contractions excited by movement. Directed room to be perfectly quiet, and inhalation to be discontinued.

6 P. M. No return of convulsions; has complained of heat and pain in head, and desired to have it bathed, which was done; pulse 82, feeble; respiration 19; countenance natural; tongue cleaning at edges; deglutition easy; no stiffness about neck; has a sensation of "soreness" along back, but no pains.

8 P. M. Pulse and respiration same; is restless and uneasy; directed room to be kept dark and quiet, and arrow-root and gruel to be given when thirsty, a tablespoonful of camphor water, *pro re nata*, and every four hours a mixture of chloroform, Hoffman's anodyne and camphor.

March 7th. 8 A. M. Vomited after first dose of mixture, and refused to take any more; got camphor water occasionally during night; except a restless hour at midnight, slept comfortably; has had one dejection, dark and very offensive; no return of spasm; pulse 71, soft and feeble; respiration 20; countenance natural; tongue cleaning; extremities warm; omit mixture, but continue camphor, and may have beef tea and arrow-root.

11½ A. M. Called to patient on account of a short, catching, and frequent cough, attended with pain at lower end of sternum; cough has a short and stridulous sound; thinks he feels some stiffness about neck, but says that it may be fancy; has had another dejection, dark and offensive; pulse 76, fuller than at 8; respiration 21; directed a mixture of Hoffman's anodyne and camphor in syr. tolut. every second hour, with beef tea and arrow root.

3½ P. M. Got mixture once and vomited it; refused to take any more; cough gone; no pains at sternum; occasional eructations; pulse 80, soft; respiration 20. Omit all medicine and continue nourishment; take beef tea, wine, and gruel.

8 P. M. Asleep; skin moist; pulse 68; respiration 20; bladder has been freely emptied during the day; less restless; doing well.

March 8th. 3 A. M. Called to patient on account of severe pain along upper two-thirds of sternum; no pain elsewhere; pulse 76, soft; respiration 24 to 26; has had another copious dejection, offensive; has occasional eructations, followed by momentary relief of pain; no stiffness about neck or jaws; deglutition easy; gave some beef tea, with wine and camphor, and dose of above mixture; patient seemed somewhat relieved, and I left him, with a pulse of 78 and respiration of 20.

7 A. M. Called again; patient was easy at intervals from 3 to 6 o'clock: since 6 has been suffering from continued pain along the length and lower end of sternum; paroxysms of increased suffering, with contractions of the pectoral muscles, occur every three or four minutes; is supported in an upright position, cannot lie down; has an occasional stridulous cough; tone of voice altered; sensation of stiffness in the jaws; slight tenesmus, but no dejection; brows contracted and countenance anxious; patient is fearful of the result; pulse 84; respiration 44, jerking; expiration short and sudden, as if there were an obstacle to the contraction of the chest; no marked spasms or decided muscular rigidity; chloroform was again administered by inhalation.

7½ A. M. Some stertor; pulse 68; respiration 20, with full and natural movement; decubitus dorsal; muscular system relaxed; no rigidity about chest or neck; the inhalation was conducted as before, by means of a pledget of cotton in a handkerchief. Whenever the pulse rose, chloroform was applied more closely to the nostrils; when it began to sink, more atmospheric air was admitted. The following table exhibits the condition of the pulse and respiration during the second period of inhalation:

Hour.	Pulse.	Resp	
8½	72	31	{ Is quiet; muscular system relaxed; brow uncontracted; countenance natural.
9	68	28	
9½	84	26	Chloroform freshly applied.
			Chloroform nearly out; is uneasy.
9¾	82	48	{ Chloroform freshly applied 10 minutes since; slight rigidity of flexors of forearm.
10	80	44	
10¼	80	28	

10 $\frac{1}{2}$	80	28	Slight stertor.
10 $\frac{3}{4}$	84	31	Slight stertor.
11	84	28	{ Five minutes before 11, turned over, said we would not cure him; he was in too much pain.
11 $\frac{1}{4}$	88	36	
11 $\frac{1}{2}$	80	24	Drank some tea.
11 $\frac{3}{4}$	80	32	
12	84	34	
12 $\frac{1}{4}$	80	30	
12 $\frac{1}{2}$	84	34	
12 $\frac{3}{4}$	86	36	
1	84	28	Asleep; chloroform removed.
1 $\frac{1}{4}$	84	28	
1 $\frac{1}{2}$	96	36	Still quiet.

Directed the room to be quiet, and wine and beef tea to be given, or broth, every hour.

3 P. M. Pulse 80; respiration 28; asleep, no return of spasms.

11 P. M. Is quite comfortable; has taken beef tea or wine every hour; no pain, no rigidity, no spasms.

March 9th. 8 $\frac{1}{2}$ A. M. Has slept well; feels no pain, countenance natural, tongue clean; wound on thumb looks well; pulse 56; respiration 19; directed to take broth, beef, and wine, *pro re nata*; no medicine.

6 P. M. Pulse 72; respiration 18; appetite good; no pain; asks to sit up.

March 10. Still convalescent.

March 11. Walks about; has eaten beef-steak.

March 12. Wound on thumb healed; discharged well.

April 4. Mr. D. L—— called at my office; has been at work; is well.

This case is interesting not only on account of the immediate alleviation of the tetanic symptoms, which followed the administration of chloroform, but also on account of the slight general disturbance which followed such a prolonged inhalation. Inhalation was continued uninterruptedly for twenty-five hours. During much of this period there was slight stertor, but not always entire unconsciousness. After an interval of forty hours inhalation was recommenced, and continued for six additional hours. No perceptible ill effects followed this prolonged inhalation.

It is worthy of remark, that in this case nothing but chloro-

form and nourishment was given. Neither opium, mercury, nor antimonials were employed. The credit of the cure belongs either to chloroform or nature. In ascribing it to the former as much as to the latter, I shall scarcely be accused of reasoning *post, ergo propter hoc*.—*Amer. Jour. Med. Sciences*.

ART. II.—*Congenital Phymosis*. By M. G. DELANY, M. D.,
Surgeon U. S. Navy.

Congenital phymosis is a more common malformation than physicians in general practice are aware of.

In hospitals devoted to the treatment of venereal disease alone, many cases are met with. The best opportunity, however, for the observance of this defect is to be found in military practice; and particularly in that portion of it which includes the examination of recruits at a rendezvous. Within the space of two months I had examined and passed at the naval rendezvous in this city one hundred and seventeen men. Of these, twelve were affected with congenital phymosis; and all but two were impotent. All had attempted sexual union, but two only succeeded, according to their own statement, which, judging from appearances, I considered doubtful.

The feeling of amativeness was so weak in these men, that they had essayed a connection with women rather from a sense of curiosity than passion. I have scarcely ever seen twelve men with more ample muscular developments in all parts save the organs of generation. The respective ages were—1 of 28 years, 1 of 26, 1 of 24, 1 of 23, 5 of 22, 3 of 21, and 1 of 18 years.

The penis was invariably small, or the size of that of a boy of twelve years; coronal glans very small, and prepuce opening but little larger in diameter than the meatus. The testes, from having been but rarely excited, corresponded in size with the penis. The want of sexual desire, or the existence of impotency in these cases, is manifestly owing to the phymosis. The coronal glans, being bound down by the prepuce, could neither receive the necessary nervous stimulus, nor expand to the capacity requisite for virile enjoyment; consequently, in the majority of cases, congenital phymosis begets, what it only can beget, impotency. This misfortune can only be remedied by a surgical operation. The congenital impotent is a different being, in appearance, from the one who is a poor victim of masturbation. In the former case you may have the finest form with the most perfect health—a health never broken in upon by erotic ideas or wasting ex-

cesses—the latter I need not describe to any practitioner; its suicidal wretchedness is known to all.

Masturbation and congenital phymosis never exist together; they are, in a measure, physical incompatibles.

A moral question may obtrude itself, whether the surgeon is justifiable in remedying a malformation which is a safeguard to virtue, and a cloak of protection to its owner; but which, at the same time, renders him incapable of fulfilling the duties of a citizen, by marrying and raising up children.

The necessity of an operation is not so imperative in this case, as in its parallel, a closed vagina, where the functional disturbance incident to maturity, demands a division of the hymen.

The Jewish rite of circumcision is founded in reason, and beneficial in result. It may be said that every part given to us by nature has its use; it is so in a state of nature: but in one of civilization, the use of the prepuce cannot be designated with more accuracy than that of the thyroid gland. In the islands of the Pacific only has the prepuce a conventional usefulness. There, the otherwise naked native considers himself in full dress when the prepuce is drawn tightly over the glans, and its end tied up with a fanciful bit of sennet, or colored grass. The native would no sooner be seen in the presence of a woman with an uncovered glans, than would the civilized man without a shirt. There, then, and there only, does the prepuce subserve a material and fashionable purpose: which, however, gradually falls into disuse in the progress of civilization.

I have had occasion, in many instances, to circumcise natives of the islands—those acting on board whale ships as sailors. The prepuce, in those cases, served as a cloak to venereal matter, as well as to modesty, and had to be sacrificed. The most disgusting case of venereal is that wherein the mucous coat of the prepuce is plentifully studded with chancres. In fact, the great mortality following venereal in the Pacific Islands is owing—notwithstanding the constant habit of bathing—to this tying up of the matter of discharging chancres, in the bag of the prepuce.

I would, therefore, recommend the adoption of the Jewish circumcision upon all children—not as a religious ceremony, nor before the end of the first year—but as a preventive, in a certain degree, of venereal disease: and, in the absence of personal abuse, as a removal of the cause of impotency. In three instances I have slit up the prepuce in adults, for the relief of impotency; and although the operation (as then practised) left a flap neither ornamental nor useful, yet it sub-

served the main point; and in two of the cases the men became reputable husbands. The best mode of operation is that recommended and practised by Ricord: which is a great improvement, not only on the Jewish, but every other method. His method is as follows: "The penis is allowed to remain in its natural position, and no traction is used: a circular mark is made with ink upon the prepuce, about two lines anterior to the base of the glans, and parallel to the corona: a long and strong needle, its point covered with a wax head, is then introduced between the glans and prepuce, and made to pierce the whole thickness of the latter, on the mesial line, and a little in front of the circular mark. The mucous membrane and skin of the prepuce are thus fixed, and the needle is allowed to remain. Behind it, and in a longitudinal direction, a fenestrated forceps, with notched edges, is then firmly applied. The fenestræ of the instrument correspond to the circular mark and the glans; at this stage of the operation the latter is to be pushed backwards. The next step is to pass sutures, five or six in number, through the fenestræ; and when all the threads are applied, the prepuce is shaved off with a bistoury made to glide between the needle and the forceps. The assistant should be desired to press the forceps very tightly when the prepuce is being shaved off; if this be neglected, the prepuce will yield, and the sutures will be cut. When the forceps is removed, the arteries which are noticed to bleed should be tied or subject to torsion; the threads which pass above and below the glans are then divided in their centre, and the respective ends of each half resulting from this section are tied, to bring the mucous membrane in contact with the skin. Of course there will be twice as many sutures as there were threads passed." Treatment—the usual cold water dressing. It might not be correct to say that ten out of every hundred men, as in the present instance, are affected with congenital phymosis; but many are the unfortunate subjects of this malformation who live a single and unenviable life, without being able to fulfil the duties of men: and who, moreover, are deprived of that sympathy which other misfortunes elicit from our fellows by the secrecy which attaches to such cases. The operation upon the adult, though obviating impotency, yet does not visibly increase the bulk of the organ; which, compressed from infancy—unlike other parts of the body—had neither "grown with the growth, nor strengthened with the strength."

The sum of human happiness and human numbers would be increased by the universal adoption of circumcision.—*Am. Jour. Med. Sciences*.

Boston, May 1, 1849.

Letter from the distinguished Dr. CARTWRIGHT, formerly of Natchez, now of New Orleans, detailing his theory and treatment of Cholera—his recent experience in New Orleans—the results of Post-mortem Examinations, etc.

NATCHEZ, May 28, 1849.

DR. JOHNSON—*Dear Sir*: On a flying visit from New Orleans to this place, your favor of the 21st, directed to me here, reached me, and I hasten to send an answer, as I return to New Orleans to-day. I have removed to that city—I went there soon after the cholera made its appearance. I served an apprenticeship in the Hospital before I commenced, and attended numerous post-mortem examinations of those who had died of cholera. The gall bladder was invariably distended with black bile, the liver congested, and the great veins leading to it. The pulmonary arteries were very much distended with a black thick blood, and the right side of the heart and vena cava as full as they possibly could hold with the same black, thick fluid. The pulmonary veins had no florid blood in them. The heart contained oyster-looking substances, showing that the blood had undergone a chemical decomposition. The thoracic duct was empty, and every cavity contained a rice-water looking fluid. The contents of the alimentary canal might well be denominated white blood, as they agree with blood in all their chemical properties. This was owing to their being composed in a great manner of the contents of the thoracic duct. The urinary bladder, the uterus, and even the fallopian tubes, containing rice-water, owing, no doubt, to the watery portions of the arterial blood having percolated from the exhalery capillary arteries instead of going into the veins. I then commenced practice. I have been practising medicine in New Orleans upwards of seven months. I have had cholera cases every day, and some days a good many cases. I have only lost four cases in all, none of whom had any pulse when I first saw them. I have cured every one to whom I have been called before the pulse failed. I now proceed to answer the question you put to me: "What is the best prescription or course of practice in a case of cholera?" Give the patient instantly 20 grs. Hydrargum cum creta, 20 grs. best cayenne pepper, 10 grs. gum camphor, 15 grs. calcined charcoal, 25 grs. gum Arabic, mixed together in two table-spoonsful of cold water, and cram a wet towel in the mouth to take away the burning taste, and prevent vomiting. The patient should swallow the above dose quickly, and the whole of it, without stopping to taste it. He should

lie down and cover up, and keep down. The doors and windows should be opened to give fresh air to fan and feed the combustion in the lungs, which burns slowly in cholera, i. e.: the change from black to red blood does not go on as in health, and the temperature falls. A jacket, or a flannel shirt, wrung out of scalding water, and rolled into a ball as large as a child's head until it will not drip, should be wrapped in a dry cloth and applied over the stomach and bowels as hot as it can be borne. Bottles filled with hot water should be applied to the extremities. Five minutes having elapsed from the taking of the powder, a spoonful of hot sago, balm, mint, or chamomile tea to be given to the patient from time to time, with a table-spoonful of cold water, or a tea-spoonful of pounded ice alternated with the hot tea. Now look out for perspiration. From 10 to 15 minutes after the powder is taken, perspiration is generally established; if in 10, the patient is safe. Nothing more is needed but to give warm teas, or any warm fluid the patient likes best, in sufficient quantities to allay the thirst, and support the sweat. The sweat should be kept up six or eight hours—then gruel to assist the Hydrargyrum cum creta to empty the gall bladder. Then the circulation will go on through the liver. The vena portarum will be released from its plethora, and the serous part of the arterial blood will no longer be poured from the exhalent arteries, but find its way into the portal veins. The revulsion to the surface will cause the absorbants to suck up the fluids taken into the stomach, and the pouring back action will be arrested. The sucking up action caused by the sweat will restore the natural fluidity of the blood. When the sweat is established stimulants are unnecessary, or hurtful, as they may stop it. To put back the lost water in the blood is the best mode of stimulating. I have thus described a case cured by one dose of medicine. A part of that dose might have been sufficient, you may suppose. A small dose might have fallen in with the disease, and operated on the bowels. A large dose is a non-purgative, because it is sudorific, revulses to the surface, starts a centrifugal action of the fluids, and averts the centripetal action of the disease. But if one dose does not sweat, give another, or half a dose; if that does not do, bleed the arm, or cup freely over the epigastrium, and give warm stimulating drinks to force a sweat, and apply hot applications externally. Suppose the skin gets too hot under this hot stimulation outside and inside, wash the patient all over with cold water to bring the system down to the sweating point, if the pulse will not bear bleeding. Suppose the extremities are too cold to be compatible with healthy per-

spiration, warm them by hot applications and friction. Suppose the patient vomits the medicine, give a cup of chamomile tea; let him vomit that, and then repeat the medicine. Suppose he still vomits, then give one gr. sulphate of morphine in a dessert-spoonful of camphor water, or half a grain if the cure is not urgent, and repeat after each stool or vomiting spell. As soon as the stomach is settled, throw in 20 grs. Hydrarg. cum creta, or 20 calomel. Give coffee if the morphine be used. You may think the dose large, but if opiates be used at all in cholera the doses should be four-fold. Small doses do more harm than good. I give nothing to work the medicine off before the next day, or the day after. A purgative before the aqueous parts of blood are restored is a dangerous thing. The medicine generally works itself off. Under this plan no secondary fever follows. But if stimulants be used after the patient begins to sweat, secondary pain is sure to occur. Stimulants until the sweat begins are all important—none are too strong. Fire itself is scarcely too strong. When a sweat is established, all stimulants, internally and externally, should be suspended. Then diluent drinks to thin the blood are the best of stimulants. I often give mineral water, soda water, and even lemonade, for that purpose—any diluent or watery fluid that agrees best with the stomach. The patient cannot purge and sweat at the same time. The rice-water in the bowels may run out after the perspiration is established, but more cannot be poured into the bowels while the perspiration goes on. Indeed, the perspiration generally causes the rice-water in the bowels to be absorbed.

Very respectfully, yours, &c.,

SAM'L. A. CARTWRIGHT.

ART. IV.—*The Mechanical Leech* of MM. ALEXANDER & Co., of Paris.

This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized India-rubber, which acts as a spring, is a piston, which is pressed down

by a rod, and, on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured: the pressure is now removed, when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new: so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. Whitford, of St. Bartholomew's Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford's apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexander's apparatus.—*Lond. Med. Journal*, March, from *Pharm. Journal*, February, 1849.

ART. V.—*Deaths from Inhalation of Sulphuric Ether*. By PAUL F. EVE, M. D., Prof. of Surgery in the Medical College of Georgia.

CASE I. Mr. J., a member of the class in our College the past winter, and a candidate for the degree in medicine, inhaled sulphuric ether during the evening of the 3d of last March. The article was obtained from a druggist of good reputation, in quantity two ounces, and the motive for using it, was its exhilarating effects, which he had experienced before. It was inhaled from a pocket-handkerchief, renewing or applying it three times, and about one ounce was supposed to have been consumed. The time of inhaling it was reported to be considerable, and a companion of Mr. J. removed the

handkerchief suddenly while he was still breathing it. He became then furiously excited, and it required several persons to control him. He was forced upon a bed, where he soon fell asleep. A few moments afterwards, another student of medicine, not liking his breathing, which he reported to be sonorous, awakened him, when he again became much excited, so much so that cold water was dashed over him. He now retired to bed, and nothing special was noticed until the next morning. He awoke perfectly rational, but complained of great pain in the forehead. This continuing unabated, I was sent for to see him at 2, P. M., on the 4th. Magnesia and salts in purgative doses, cold applications to the head, mustard-plaster to the neck and warm pediluvia were prescribed; with the expression of the hope that these means would give entire relief. I was again sent for at 8, P. M., and also at 8, A. M., of the 5th, (the next day,) but did not see the patient until 11 o'clock, three hours after; he had been visited and prescribed for in the meantime by Drs. Carter and Dugas; Dr. Ford was subsequently added to the consultation. Symptoms of meningitis, &c., persisted in spite of all treatment pursued, and our patient died on the morning of the 7th.

CASE II. For this I am indebted to a friend:—During a recent visit to Huntsville, Alabama, among the several excellent professional brethren I met with there, was Dr. John Y. Bassett, who, among other advantages, had visited Europe. At my request, he kindly furnished the particulars of a case of *tetanus* to which he was called on the 15th of August, 1847. In the progress of it, Dr. Fearn, whose reputation is well known throughout our country, and who has twice been elected to a professorship in our Medical Colleges, was called into consultation. He proposed the actual cautery and the inhalation of sulphuric ether. Dr. B. says, at this time the patient's "pulse was good and there was no signs of immediate extinction of life. I heated my cautery, and sent for a Dentist who was in the habit of administering the ether. I gave a watch to the owner of the negro affected with lock-jaw, and requested him to speak at every quarter of a minute. In one minute the patient was under its influence; in a quarter more he was dead—beyond all efforts to produce artificial respiration or restore life." All present thought he died from inhaling the ether.

Of course these causes should by no means be used as objections to the judicious employment of etherization. They are only adduced as proofs to the position, that *ether* as well as chloroform may produce death.—*Southern Med. and Surg. Journal.*

ART. VI.—*Clinical Remarks* by Prof. W. PARKER—*Fissures of the Rectum*.

At the same Clinique a man presented himself with some exceedingly painful affection of the rectum, which he termed hemorrhoids, or piles, and for which he had been under treatment a considerable time. Dr. Parker observed that in all such affections of the rectum, it was of the utmost importance to make an early and efficient examination. Pain in that region, especially on going to stool, may arise from a variety of morbid conditions, such as hemorrhoids, fissures, strictures, and neuralgia; each of which requires its own peculiar treatment.

And yet, except in these cases of hemorrhoids where the tumors project externally, these affections cannot be distinguished with actual certainty, without introducing the finger into the rectum and making a careful manual examination. In the case before us, there has been long continued and obstinate costiveness, with consequent impairment of digestion; and every attempt at stool causes an exceedingly severe stinging, smarting pain, amounting often almost to perfect agony, and it continues with greater or less intensity for several hours after the evacuation. The stools are often streaked with blood, and at times the hemorrhage is considerable. On introducing the finger into the rectum, no hemorrhoidal tumors or stricture can be discovered; but by carefully pressing the finger in one direction and then in another, until you have brought it in contact successively with the whole inner surface of the part, you find no difficulty until you press directly against the posterior surface, when great pain is immediately induced; and with a little care the fissure or crack in the mucous membrane can be distinctly felt. In making such examinations care must be taken to get the distinct attention of the patient to the pressure in each successive direction, because great complaint is frequently made on first introducing the finger without referring it to any particular spot. But if the patient be requested to exercise patience, and the surgeon proceeds with care, he will soon find the point affected. Having ascertained the existence and location of the fissure, the next question is in reference to a proper remedy. This, said Dr. Parker, consists in dividing the sphincter ani freely, so as to allow the bowels to be evacuated without putting the rectum on the stretch at all. And while the divided sphincter is re-uniting, the fissure heals and the patient is cured. There is no other reliable mode of cure, for so long as the sphincter is allowed to remain intact, the effort necessary to overcome it in evacuating the bowels, almost necessarily puts the mucous mem-

brane so much on the stretch as to effectually prevent a closure of the fissure.

The object of dividing the sphincter being to allow the mucous membrane to remain at rest or unstretched long enough to heal firmly, it matters very little whether the incision through it corresponds with the location of the fissure or not. Sometimes internal hemorrhoids and fissures both exist in the same subject, and the practitioner cannot be too careful in examining, distinguishing, and properly treating these painful affections.—*Annalist*.

ART. VII.—*Nitrate of Silver in Membranous Croup.* By V. M. SATTERLEE, M. D., of Green Bay, Wis.

In September last I was requested to visit Miss M. G., at 9 years with "*Cynanche trachealis*."

Found her with face flushed and swollen; eyes protruded; laborious respiration, giving rise to a frightful hissing noise; pulse 115 a minute.

Gave an emetic immediately, with temporary relief; applied mustard, then dilute nitric acid to the throat, and prescribed such other remedies as the circumstances of the case seemed to demand.

Breathing became louder and might be heard all over the house, symptoms more urgent, and patient fast sinking under the disease.

I then determined, as a last resort, to use a strong solution of nitras argenti, which was prepared, and a piece of soft sponge well saturated with it, was introduced low down in the trachea. In less than half an hour from this time the breathing became much easier, and considerable expectoration of ropy matter was obtained, which gave instant relief, and within one hour from the time of using the caustic, a piece of *false membrane* was thrown off, being an inch long, hollow and tube like. The effect was immediate. Her breathing, so distressingly performed a short time before, was now nearly natural, and she could speak distinctly, which she could not do for three days previously.—*North-western Med. and Surg. Journal*.

ART. VIII.—*Ovariectomy.*

Dr. W. L. ATLEE writes to the editor of the American Journal of Medical Sciences, Philadelphia, as follows:—"I have performed the operation of Gastrotomy three times since the month of March last. All the patients recovered; the recov-

eries not having been interrupted by a single symptom requiring attention.

"The first operation was on the 15th of March, the patient, Mrs. E. K., aged 29 years; the incision from sixteen to seventeen inches long, the tumor fibrous, weighing eight pounds, and adhering very strongly to the bones of the pelvis.

The second operation was on the 22d of May, the patient Miss M. T., aged 33 years; the incision about twelve inches long, the tumor uterine, and not adherent. The mass was withdrawn from the cavity of the abdomen, carefully examined and again replaced.

"The third operation was on the 16th of June, the patient Miss H. M., aged 26 years; the incision extending from above the umbilicus to the pubis, the tumor cystiform, multilocular, weighing forty pounds, having numerous peritoneal adhesions.

"A mixture of one part of chloroform and two parts of ether was used as the anæsthetic agent in all cases. It had the most remarkable influence over the diaphragm, the abdominal muscles, and viscera, maintaining them in the most perfect and astonishing quietude. It also entirely prevented the shock which always accompanies this operation when chloroform is not used. I have no doubt that the use of anæsthesia will strip this operation of most of its dangers, and render it simple and safe; for the recovery in each of the above cases was as rapid and as satisfactory as from the most simple wound in any other part of the body.

"I wish to state, also, that compresses, kept constantly wet with cold water, covering the whole surface of the abdomen, were the only dressings I used."

ART. IX.—*Does Calomel exert any Specific Influence on the Biliary Secretion.* By MICHEA.

M. Michea, after detailing the various opinions which have been advanced as to the nature of the green stools which so often ensue on the administration of calomel, states the results of his own examination of fecal matters under various circumstances. He observes that in the dejections of healthy persons, the greater proportion of the elements of the bile exist only in a state of combination, and require alcohol and potassa for their detection. Free bile, i. e. bile soluble in water, is, according to Berzelius, found only in the proportion of 7-8 per cent. of fecal matters. For the detection of free bile, M. Michea prefers nitric acid to Pettenkofer's test. In six persons, in good health, the acid furnished no traces of bile; and of

three persons, in good health, the acid furnished no traces of bile; and of three others suffering from gastro-intestinal affections, in one only who had bilious vomiting and green purging, was a notable proportion indicated. Of eight cases in which calomel was administered, in some large, in others in small doses for successive days, in four only were green stools produced. This shows that the action of the calomel on the bowels is very uncertain, and tends to confirm the truth of Mialhe's doctrines, that it is dependent upon the conversion of the chloride into deuto chloride, most of the persons in whom it produced no action, having been women, whose humours contain less of the chlorides than do those of men. Not only are the stools changed in color, but they are so in consistency, possessing neither the solidity of the natural stool, nor the aqueousness of those of dysentery or typhoid fever, but assuming an intermediate viscous character. In two of these cases the acid plainly evinced the existence of bile; and not only of biliverdine, but of the albumen of that fluid. In the other two cases albumen was also precipitated, giving however a color more analogous to the biliverdine of Mulder. In stools produced by various other purgatives, in five individuals no traces of the bile were produced, nor did they assume the consistency of those induced by calomel. The general result of the investigation is, then, to confirm the opinion of those who maintain the agency of calomel on the biliary secretion.—*L'Union Medicale*.

ART. X.—*Photophobia, resulting from exalted sensibility of the sensitive branch of the fifth pair going to the eye from irritation of the sensitive branch of the same nerve going to the teeth.*

Dr. HAYS remarked, that he had seen, within a few years, some curious cases of exalted sensibility of the retina, from a cause which he believes has not been suspected of such an effect, viz: irritation of the dental branch of the fifth pair of nerves. These cases much interested him, and if the College had nothing better to occupy their attention, he would present a verbal sketch of a few of them; he had not prepared any written history of the cases, having no previous intention of submitting them at this meeting.

The first case occurred in a gentleman, the Cashier of a Bank in North Carolina. At the great fire in Wilmington, he had suffered considerable fatigue and exposure in endeavouring to save the books and papers of the Bank, and had, subsequently, severely tried his eyes in arranging the documents which were rescued from the flames. He soon experienced

great intolerance of light, and some inflammation of the conjunctiva. For this he was treated by the physicians in his vicinity, but with only temporary relief, except for the inflammation. He subsequently visited Virginia and Raleigh, North Carolina, for medical advice; but from none of the remedies or plans of treatment employed in his case, did he experience the slightest permanent benefit; on the contrary, the photophobia increased to such a degree as to render exposure to the least light perfect torture. Dr. Hays was written to. Believing the case to be one for which it was not possible to prescribe judiciously until he was enabled to make a thorough examination of it, he requested that the gentleman should be brought on to Philadelphia; but his friends, in reply, stated that this would scarcely be possible, in consequence of the excessive photophobia under which the patient laboured, rendering the slightest degree of light intolerable. Dr. Hays suggested that the eyes should be entirely defended from the access of light by covering them with a mask of wadded silk. This suggestion was adopted. When the gentleman reached the city, Dr. H. found him labouring under the most aggravated degree of photophobia. In a room so perfectly dark that the Doctor was unable to see any object whatever, to the patient, the light reflected from his own hands was intolerable, and that from his shirt bosom caused so much suffering that he was obliged to keep the latter constantly covered. The coloured nurse, whom he had brought on to attend upon him, happening to enter the darkened room, the light from a white apron she wore produced the utmost suffering to the patient. So exalted was the sensibility of the retina, that, in the darkened room, where Dr. H. could not see his hand held up before him, the patient was able to distinguish the objects around him, even the figures in the carpet. He was, at length, persuaded to submit to an examination of his eyes, which he bore with great fortitude. Dr. Hays found scarcely a trace of inflammation of the eyes or of any other apparent disease. The stomach of the patient was somewhat deranged. This being remedied without relief to the photophobia, the Doctor was induced to seek for some other source of irritation, and, after careful examination of the patient, he was induced to suspect that the teeth, several of which were defective, but not painful, might be the source of the evil. At his suggestion, a couple were extracted by a dentist, but without causing any diminution of the intolerance of light. After some eight or ten days, Dr. H. examined the patient's mouth himself, and upon striking one of the lateral upper incisors nearest to the eye most affected, with a key, the patient winced as from pain,

and stated that he had often experienced a disagreeable sensation to proceed from that tooth. The tooth was extracted; with the loss of the tooth, a most disagreeable gnawing or pinching sensation at the back of the eye, which had previously tormented the patient, ceased. At the root of the tooth there was found a large abscess, while the periosteum of the alveole was thickened. From this time the morbid sensibility of the eyes rapidly diminished, and the patient was soon after sufficiently recovered to return home and resume his duties as Cashier of the Bank. When Dr. Hays last heard from him, which was the past summer, after an interval of nearly six years, he was perfectly well, having had no return of the photophobia.

The next case was one which Dr. H. saw last fall, in consultation with his friend Dr. Ashmead, in a Spanish gentleman, who had suffered two years previously from a slight attack of iritis. On recovering from this, he experienced, whenever he attempted to read, a peculiar uneasiness in his eyes. For this, he consulted Dr. Ashmead, who advised a voyage to New Orleans; finding no diminution in the affection of the eye, he proceeded from New Orleans to Cuba. The uneasiness still continuing unrelieved, he returned last fall to Philadelphia.—Dr. H. now saw him with Dr. Ashmead. Upon examining the eyes, they were found to be without any trace of inflammation or other apparent disease. Still, whenever the patient attempted to read, the same uneasiness, which had now continued for some eighteen months, was experienced. Judging from the circumstances of the case first detailed, Dr. H. was led to suspect that the source of the affection of the eye in the present case might be the same; he accordingly examined the patient's teeth, from which, according to his account, he had experienced no suffering. Finding some of the teeth diseased, the Doctor directed them to be extracted. One only was taken out, when the patient's courage failed him, and no relief was afforded to the affection of the eye. Subsequently, another tooth was extracted, at the root of which an abscess was found to exist. The patient now declared himself entirely relieved from the uneasy sensation he had so long experienced in his eyes on attempting to read. He has since continued perfectly well; now eighteen months.

Another case occurred in a lady, marked by the same intolerance of light as in the case first described; in which Dr. Hays had every reason to believe that the morbid sensibility of the retina was produced by irritation of the dental branch of the fifth pair of nerves. On examining the patient's teeth, several were found diseased. Five were extracted; at the

roots of three of them there existed an abscess. The gums continued sore for some time; but the photophobia was considerably relieved. The patient passed from under the care of Dr. Hays into that of another physician. He heard subsequently that she had entirely recovered; and as no other treatment had been resorted to in her case, excepting covering the eye with a single slip of linen moistened with water, and a shower bath, he believes that he is not in error in referring the cure in this case to the extraction of the diseased teeth.

The last case he shall refer to, was that of a young lady from the West. She had been subject to frequent severe attacks of inflammation of the eyes. In July last, she suffered from one of these attacks, which was followed by excessive intolerance of light, that no remedy employed seemed in the least to relieve. She was taken to Washington City, where she was pronounced to be incurable by several physicians to whom her case was made known. She was then brought on to Philadelphia, and placed under the care of Dr. H. At his first visit, so great was the intolerance of light, that no satisfactory examination of the eyes could be made. From the imperfect view Dr. H. obtained of them, he ascertained that they were somewhat inflamed, and that a slight opacity of the cornea existed. Several of the young lady's teeth were decayed. Dr. H. directed two to be extracted, but without much relief to the morbid sensibility of the eyes. In a week or ten days, two more of the teeth were extracted from the upper jaw. After a few days the intolerance of light was greatly diminished. The lids were painted with tincture of iodine, and treatment directed, calculated for the relief of the vascularity and opacity of the cornea, and in three months, she so far recovered as to be able to read in a diamond print Bible, and bear an ordinary degree of light, when she left for home. Since then the Doctor has not heard from her.

If he is not mistaken in his view of these cases, and he could relate several others of the same character, Dr. Hays believes they very conclusively show that intolerance of light, and other uneasy sensations of the eye, may originate in an irritation of the dental branch of the fifth pair of nerves, resulting from diseased teeth—the cure of which can only be effected by the removal of the latter. The first two cases appear to prove this incontestably; the symptoms, after resisting all the other means of cure adopted, promptly disappeared upon the extraction of one or more decayed teeth, thus showing the due relation between the effect and its cause.—In the last described case, though the intolerance of light was, no doubt, owing to the inflammation of the eye itself, still he

conceives that it was in part, at least, kept up by irritation of the dental branch of the fifth pair, from decayed teeth.—*Transactions of the Philadelphia College of Physicians.*

ART. XI.—*On the use of Acetone or Wood Naptha in Cholera.*

By HENRY T. CHILD, M. D., Philadelphia.

To the Editors of the Medical Examiner :

GENTLEMEN:—I beg leave to lay before you and the profession, a few remarks in relation to the treatment of Cholera.—During the last week I have had nine cases under care; and to illustrate the plan of treatment I will give an account of several cases.

The first was J. S., laboring man, aged about 40; strong constitution, and rather corpulent. He had had diarrhœa for five days, and on the 22d of last month, four days after the commencement of the diarrhœa, he walked about 20 miles.—On the 24th I saw him, and prescribed a pill of camphor, opium and kino, which appeared to check the diarrhœa; but about 10 P. M., he was attacked with profuse watery diarrhœa, and vomiting of “rice water,” and when I saw him at 1 A. M. on the 25th inst., he had discharged between two and three gallons of serous fluid; the pulse was very small and corded; the hands and countenance shriveled, eyes sunken. I gave him fifteen drops of acetone or wood naptha, and the vomiting, which had been incessant, ceased immediately, and did not return; he then had ten grains of calomel every hour for six hours. At this time the discharge from the bowels began to assume a greenish color and to diminish in quantity; the secretion of urine which had been arrested for twenty-four hours returned, and he was convalescent; his recovery was rapid.

The second case was the Rev. H. C. Shelton, of Ohio, aged 50, who was at a private boarding house in this city. He had diarrhœa for six hours before I was called to him. At this time it assumed the characteristic “rice water” appearance, and there was vomiting of a similar fluid. He took fifteen drops of the naptha and ten grains of calomel every hour—that is, one dose each half hour. The vomiting ceased immediately, and did not return; and in three hours he had bilious discharges, and the secretion of urine, which had been very much diminished, returned; in three days he was able to go out.

The third case was A. G., aged about 30—had had diarrhœa for two days; was under treatment of a physician. I was called in haste to see him. I found him in a profuse cold perspiration, no pulsation perceptible at the wrist. Countenance

and limbs shriveled, and already blue—in short, all the symptoms of fatal collapse. I gave him a *teaspoonful* of naphtha, and in fifteen minutes gave fifteen grs. of calomel, with directions to repeat the dose every fifteen minutes, and was obliged to leave him. The next day I found him convalescent.

The fourth case, M. F., married, mother of four children, was delivered on the 27th inst., of a female child, and was very comfortable until the morning of the 30th, when she was suddenly attacked with watery diarrhœa and nausea. I gave her the naphtha, in doses of ten drops, and calomel in five grain doses every hour. "Rice water" discharges continued for twenty-four hours, but the discharges assumed a green color, and she is now convalescent.

I am not prepared to explain the operation of the naphtha, but as the result has been so satisfactory in all the cases that I have treated, I desire to call the attention of the profession to it. Of the calomel treatment little need be said, as the object is to restore the secretions as speedily as possible, and to equalize the circulation; and it is probable we have nothing in the pharmacopœia that is so likely to produce these effects as calomel.

Philadelphia, 7th mo. 2d, 1849.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1.—*Pathology and Therapeutics of Cholera.*

"There are certain points," says Dr. Garrod, in his interesting paper on the Pathological Condition of the Blood in Cholera, "with regard to the pathology and therapeutics of the disease, which the consideration of the results of the chemical examination of the blood and other fluids naturally suggests to the mind. In the first place, it would appear that the cholera poison, when introduced into the blood in sufficient quantities, causes an intense exosmotic action of the alimentary canal, at the same time destroying its endosmotic power. The blood, therefore, being deprived of a certain amount of water and salts, by the intestinal evacuations, and not possessing the power of regaining these by absorption from the stomach, becomes altered in the manner we have seen, and ill suited for circulation in the extreme vessels; thereby giving rise to suppression of the various excreting functions, by which in turn it is rendered impure. But a question now arises: Is this condition of blood essential, and cannot the stage of collapse be induced by the direct influence of the poison? There are certain cases known by the name of 'Cholera Sicca,' which would seem to favor this latter view; but from what I can ascertain, no analysis of blood has been made in such, and as far as my own experience goes, the amount of intestinal evacuations

in any case is by no means an indication of the extent to which the blood has become altered. This is also well shown by the condition of the blood in severe bilious diarrhœa, in which its specific gravity appears to remain unaltered, the endosmotic or absorbing power probably remaining entire. Supposing this latter property entirely suspended, it would require but little amount of intestinal evacuation to cause this condition of blood; the loss of water by the skin and lungs would alone soon produce it; and that this power is sometimes lost, will be seen in examining Case V. (Worts,) in which, although many gallons of water were taken into the stomach, the blood still continued to increase in specific gravity.

“Assuming that such a condition of intestinal mucous membrane exists in cholera, it gives us but little hopes of effecting much by remedies administered by the mouth, during the collapse: and experience has shown us, that very little confidence can be placed in them. The saline drinks, recommended by Dr. Stevens, must here fail, as even water is unable to be absorbed. This led to the method of injection of saline fluids into the veins; and certainly it appears that, even in the most intense stage of collapse, patients may, for a time, be restored by their employment. Unfortunately, however, the improvement has, in most cases, proved but temporary; but still enough has been seen to cause many to think that their use is strongly called for. Should they be ever again employed, I think that more attention should be paid both to the nature and quantity of the salts contained in the fluid than has hitherto been done; and a solution should be employed whose composition resembles, as much as possible, the portion of the blood which has been lost. One would be apt to think that the blood could not bear with impunity a considerable quantity of carbonate of soda in place of the phosphate; yet such a substitution, I believe, has generally been made. May not the use of improper fluids have been in part the cause of the truth of the remark quoted by Dr. Watson, in his *Lectures on the Practice of Medicine*, that, ‘However it might be with pigs and herrings, salting a patient in cholera was not always the same thing as *curing* him.’

“Might not some agent be injected, which would tend to prevent the exosmotic action of the intestines? Certain bodies, possessing such a power on membranes, have been found. When reaction takes place, and the watery portion of the blood becomes restored, it would then seem rational to employ drinks containing small quantities of the salts; for it does not seem improbable that the saline deficiency, which must then occur, unless supplied, may tend to prevent the due action of the kidneys and other excreting organs. At this time, also, other remedies, as calomel, etc., should be given, with the intention of restoring the excretions.”—*London Journ. Med.*

Homœopathy and Cholera.—Since the appearance of Cholera in this city, [N. Y.] our homœopathic friends have laudably endeavored to do their part in enlightening the community in regard to its prevention and cure. Hence we have had through the daily papers, various private and official documents on the subject. We have for some time been aware, that in this country at least, true homœopathy no longer existed except in name; but we were not quite prepared for so frank an acknowledgment of the fact as has been made in the documents referred to. Thus we are told in the communication from the committee appoint-

ed by the "Homœopathic Physician's Society of New York," that the proper remedies for cholera are *Cuprum Metallicum* or *Veratum* in the first stage, and if the patient becomes bad the *Spirits of Camphor* must be resorted to. Yes, the veritable "*Spirits of Camphor*," not the 30th dilution nor the 61st trituration, but *spirits* of camphor, and that in doses of three drops repeated every few minutes if the symptoms are urgent. The committee making this report is composed of six or eight of the most prominent homœopathists of this city. Their names may be found in the daily New York Tribune for the 5th inst. Notwithstanding the boasted certainty and specific nature of homœopathic remedies, there seems still to be some differences of opinion in regard to the true homœopathic remedy for the cholera. Hence in the Tribune for June 8th, we find a communication from Charles J. Hempel, who though a member of the New York Homœopathic Physician's Society, yet takes the liberty to differ from the report of said committee. He regards the cuprum, the veratum, and the camphor, only as paliatives, while the *Aconitum Napellus* furnishes the only true cholera specific. The following are his directions for its use; viz:

"As soon as the diarrhœa sets in, with or without cramps in the stomach and bowels, with or without vomiting, coldness of the extremities, etc., dissolve 5 drops of the *tincture of Aconite* in 10 table-spoonsfull of clear Croton water, and take two tea-spoonsfull every half hour, until an improvement sets in; then continue every two hours until you feel entirely well. Eat very little, and only light food, gruels, weak tea and toast, etc.

If the diarrhœa should be very bad, attended with or without cramps in the bowels, spasms in the extremities, vomiting, or if the paroxysms should set in immediately with great force, dissolve 10 drops of the *tincture of Aconite* in ten table-spoonsfull of water, and give the patient 2 tea-spoonsfull every five minutes until the pulse improves, the extremities become warm, and a moisture is perceived on the skin; then continue every twenty minutes until the improvement is strikingly manifest, and finally continue every two hours until the patient is entirely recovered."

There it is, real, genuine, *Crude Tincture of Aconite*, in doses too, amounting to nearly one drop every five minutes, or ten drops every hour; There is no *dilution*, no *trituration* about it; for he tells us that he uses the *tincture* prepared after Pereira's formula. And in regard to the dose it should certainly satisfy any allopathist in the country. Pereira himself directs only *five drops three times a day*.

If we had been desirous of proposing a plan of treatment diametrically opposed to the so called principles of homœopathy in every particular, we could not have accomplished our object better than by adopting the course here recommended by the first homœopathists in this city. Is there the remotest possible *similarity* between the symptoms induced by camphor, and those of cholera? Is there even an *approximation*, between *three drops* doses of Spts. Camphor, or *one drop* doses of Tinct. Aconite, *every five minutes*, and the smelling, or even taking of a *pellet* of the 30th *dilution* of either? Alas! for the doctrines of *attenuation* and *Similia Similibus*. Well may our friend Kirby, of the American Journal of Homœopathy, exclaim that, "a mongrel in medicine, of all men is the most inconsistent."—*Annalist*.

Sulphate of Phyllerine.—M. Jachelli, of Ferrara, has lately added this alkaloid to the list of febrifuges; it is obtained from the well-known evergreen shrub, *Phyllerea latifolia*. It was known, before the researches of Dr. Jachelli, as a cooling astringent, but it is now found to possess the same active anti-periodic properties as others of its class, the ash, the olive, etc.

An extensive series of experiments have been made since the year 1825, on the action of this alkaloid in agues, by Dr. Jachelli. He has compared its operation with that of—1st, a powder of the young leaves and twigs, in doses of 30 grains during the intermission; 2dly, a simple decoction of the plant to 60 of water, down to one-third, and given in large doses also during the intervals; 3d, with a compound decoction formed by adding 30 minims of dilute sulphuric acid to the preceding.—The sulphate, in doses of from 12 to 15 grains during the apyrexia, has evinced its superior activity over other preparations of the phyllerea; thus of 20 patients treated with the sulphate, 20 were cured; of 13 to whom the powder was administered, 11 were cured; of 18 to whom the compound decoction was given, 14 were cured; of 16 who took the simple decoction, 7 were cured.—*Bulletin General de Therapeutique, in N. Y. Jour. of Medicine.*

New Method of Expelling Foreign Bodies.—Dr. Charles Hansford, of Knoxville, in this State, gives us the following history of a case, illustrative of the efficiency of a new method of expelling foreign substances from the larynx.

A colored girl had accidentally got a pin into the windpipe and was suffering with all the distressing symptoms consequent upon obstruction of the air passages from a foreign body.

She was directed to lie upon a bench, face downwards with the head projecting over the edge, and to take a full inspiration.

Whilst in this position, with the lungs filled with air, a smart blow or two on the back with a pillow, made hard and firm by compression, had the effect to expel the pin at once from the larynx. In this case, the first blow moved the pin about an inch, the second forced it into the mouth.

"Since that time," says our correspondent, "I have had several opportunities of trying the maul made of a pillow. I have driven out water-melon seeds in this manner, on three different occasions; a grain of corn at one time, and a large glass bead at another."

The treatment recommended above is ingenious and simple, and, as it seems to us, is worthy of being tried in cases like those cited above.—*N. W. Med. and Sur. Journal.*

Mesmerism in Holland.—The supreme court of the Netherlands has just given a verdict which runs pretty nearly as follows:—"A magnetiser who employs a person, who, during sleep, points out remedies to the patients who come for advice, exercises medicine illegally, when unprovided with a diploma." "It is no excuse for him to be paying for a license as a magnetiser." The courts of Liege and Brussels have done more still; they have found a verdict against a magnetiser for administering magnetised water.—*Belgique Judiciaire, in Bost. Med and Surg. Journal.*

6.—*On the Employment of Nitrate of Silver as a Vesicant*, by M. DELVAUX.
—The general action of nitrate of silver on the tissues, seems to be to separate the hydrogen. When this salt is brought in contact with an organic body, it becomes decomposed into nitric acid, oxygen, and metallic silver, in a molecular state. Silver is deposited, and this imparts to the tissue its coloration, whilst the oxygen of the oxide of silver and of the decomposed nitric acid takes up the hydrogen to form water.

When the nitrate of silver is brought in contact with the skin, the effect produced varies according to the greater or smaller quantity of salt employed. If the quantity be small, it merely acts on the epidermic cells, which it disorganizes. Metallic silver is reduced to a molecular state, and combines with their elements; the epidermic tissue assumes a blackish brown coloration, owing to the metallic silver itself, and after a time the tissue is detached and drops. Where the action of the nitrate of silver is continued for a longer period of time, the true skin itself becomes affected, the effect produced varying according to whether the disorganization is merely on the surface, or more deeply seated. In the former case, an abundant serosity raises the altered epidermic surface, and produces *vesication*. In the latter, the true skin, being disorganized in its thickness, produces an *eschar*.

If now, we consider that the skin varies in thickness and sensibility in different parts of the body, and according to age, sex, &c., it will be evident that a certain tact is required to regulate the quantity of nitrate of silver necessary to disorganize the epidermic layers, and procure a vesicatory effect without disorganizing the true skin. The principles by which the employment of escharotics in general is guided, will suffice to prevent the occurrence of any unexpected results.

Without proceeding to enumerate all the diseases in which vesication by means of nitrate of silver may produce beneficial therapeutic effects, we will adduce a few cases in refutation of the objections that might be advanced against this form of application.

1. M. Claes, a patient in the hospital of des Viellards, who was recovering from an attack of adynamic pleuro-pneumonia with parotitis, complained, on the 3d of September, 1848, of severe pain in the left sub-scapular region, and in the lateral portion of the neck, along the trapezius muscle. The pains increased on the least movement. Exposure to a current of air had given origin to this rheumatic affection. The skin was cauterized in the sub-scapular region with a stick of nitrate of silver, moistened with water at the moment of its application. A bulla appeared in the course of an hour and a-half; epidermis being removed, a slight degree of suppuration was established, and the pain entirely ceased, as if by magic, at the end of about ten hours.

The cauterized spot had been dressed immediately after cauterization with cold cream, and this was continued until the occurrence of cicatrization, which took place the fourth day.

2. A man named Boufort, came to consult M. UYTTERHOEVEN, at the same hospital. The old man had suffered since the preceding evening from acute stitch in the side. The pains extended along the seventh rib towards the back. As auscultation did not reveal anything abnormal in the thoracic organs, the spot to which the patient referred the pain was cauterized with nitrate of silver, previously moistened with water. The pain disappeared as the operation advanced. A vesicle was produced in the course of an hour. A compress with cerate was applied to the wound. On the following day the pleurodynia was perfectly cured without the treatment being further continued.

3. The same method was immediately employed in the case of Marie Demaitre, who had been attacked by pleurodynia in the left side of the thorax. The pain was so violent as to call forth loud cries from the patient. The cure was equally prompt and unexpected, and in the course of the day the pain entirely disappeared. The vesication was treated in the manner usually adopted in the case of ordinary vesicants.

It only remains to add a word or two on the mode of operation of this vesicant. In order to avoid all chance of irregularity, it is necessary to rub the whole surface on which vesication is to be induced, lightly but equally with the point of the stick moistened with a drop of water, and to continue long enough until a gray coloration is produced. This effect is generally obtained in the course of a minute and a half. If a deeper action be required, owing to the thickness of the epidermis, or a more strongly marked therapeutic effect be sought, the operation must be repeated over the same surface and with the same precautions.

M. V. Uytterhoeven has always found this vesicant answer his expectations most fully, both in private practice and in the wards of the hospital des Vieillards.

[*Monthly Retrospect*, June 1849, from *Nouvelliste Medicale Belge*.

7.—*On the Use and Administration of Cod-Liver Oil in Pulmonary Consumption.* By C. J. B. WILLIAMS, M. D., F. R. S., Professor of Medicine in University, London; Consulting Physician to the Hospital of Consumption, etc.

There is no department of medical knowledge, which seems to me to stand so much in need of improvement, as that which relates to the operation of medicines. Even with regard to those most commonly used, it is surprising what a diversity of opinion prevails among different practitioners; and, as a necessary consequence, there is an almost equal variation in the modes and combinations in which each medicine is administered. Yet, it is pretty obvious, that as truth is essentially simple and constant, there must be much of error in such diversity of opinion and practice, and the sooner the truth is elicited by a careful and rational examination of facts bearing upon each subject, the more safe and satisfactory will our practice become.

The remedial influence of the COD-LIVER OIL particularly deserves this kind of investigation; not only because its mode of operation is a subject of much difference of opinion, but because the effects ascribed to it by many practitioners are of a very palpable and positive kind; and because such effects have not hitherto been obtained from any other remedial agent. The object of the present communication is to record the chief results of my own experience in the use of this remedy, in tuberculous and analogous diseases of the lungs. The results will be arranged briefly under the following heads:—

1. General results of the use of Cod-liver oil in Phthisis Pulmonalis.
 2. On its mode of operation.
 3. On its preparation and administration.
1. *General results of the Use of Cod-Liver Oil in Pulmonary Consumption.*

I have prescribed the oil in above four hundred cases of tuberculous diseases of the lungs in different stages, which have been under my care in private practice, during the last two years and a half. Of these, I have 234 cases recorded in my note-book, with the results of the treat-

ment at various intervals; these constitute the chief materials of the present communication.

Out of this number, the oil disagreed, and was discontinued, in only nine instances. In nineteen, although taken, it appeared to do no good; whilst in the large proportion of 206 out of 234, its use was followed by marked and unequivocal improvement; this improvement varying in degree in different cases, from a temporary retardation of the progress of the disease, and a mitigation of distressing symptoms, up to a more or less complete restoration to apparent health.

The most numerous examples of decided and lasting improvement, amounting to nearly 100, have occurred in patients in what is usually termed the second stage of the disease, in which the tuberculous deposits begin to undergo the process of softening, the common physical signs being defective movement and breath-sound, with muco-crepitation and marked dullness below or above the clavicle, or above the scapula, and tubular breath and voice-sounds towards the root, or inner part of the apex of the same lung. Such patients generally have had cough for some months, laterally with muco-purulent or opaque yellowish or greenish expectoration, and have begun to lose flesh, color, and breath, in such a degree as to excite alarm, and to induce them to seek further advice. With many, night-sweats had occasionally occurred; and hæmoptysis may have been present at a former period.

The effect of the Cod-liver oil in most of these cases was very remarkable. Even in a few days, the cough was mitigated, the expectoration diminished in quantity and opacity; the night-sweats ceased; the pulse became slower and of better volume; and the appetite, flesh, and strength gradually improved. The first change manifest in the physical signs was generally a diminution and gradual cessation of the crepitus; the breath-sound becoming drier and clearer; but the dullness, and tubular character of the breath and voice-sounds were much more persistent, and rarely exhibited a marked decrease, until after several weeks' use of this remedy, in conjunction with regular counter-irritation. The tubular sounds, in fact, frequently became louder at the first removal of the crepitus, which in phthisis as well as in pneumonia, tends to mask the signs of consolidation. In several instances, however, in which I had the opportunity of examining the patients under treatment, at several successive intervals of a month or six weeks, the gradual removal of the consolidation has been unequivocally proved, by the restoration of clearer vesicular breath and stroke-sounds to the affected spots. In several cases, in which the disease has existed long, the restoration has never been perfect; even where the health has been completely re-established, and all common symptoms of disease have entirely disappeared, there have remained perceptible inequalities in the breath and stroke-sounds; generally, with prolonged expiatory sound, which has more or less of a tubular note towards the root of the lung of the same side.—These signs, if unaccompanied by decided dullness on percussion, I have learnt by the experience of many years, not to consider as exceptional against recovery, for they appear to be dependent on the puckering of the texture, often with pleural adhesions and old deposits in the bronchial glands, so frequently found after death at the summits and near the roots of the lungs of persons who have not for many years exhibited symptoms of any pectoral disease.

As might be anticipated, a large number of the phthisical patients for whom I have been consulted, have been in the first stage of the disease, in which the tubercles or deposits are in the solid state. In these cases,

also, I have largely used the Cod-liver oil, and, so far as I have ascertained them, with not less satisfactory results; but a large proportion of these patients I have been unable to add to the numbers mentioned above, from my having seen them only once, or not frequently enough to enable me to determine with accuracy the results of the treatment. Such patients do not commonly consider themselves sufficiently ill to be under constant medical treatment; and although the good effect of the oil is commonly manifest in the abatement of cough and feverish excitement, and in the improvement of flesh and strength, yet the benefit is less speedy and obvious than in the more advanced stages of the malady. The physical signs of improvement are precisely the same as those which take place tardily in the second stage after the removal of the humid rhonchi; and in truth, the treatment by the oil combined with counter-irritation, where successful, seems to bring back the lungs from the second stage, that of incipient softening, to the first stage, that of simple deposit, which is tardier in its changes of increase or diminution, and may remain long stationary without any obvious alteration. The same remark is applicable to the chronic products of inflammation of the lung, which, as is known to the profession, I consider to approximate in nature to the higher class of tuberculous deposits.

The most striking instance of the beneficial operation of Cod-liver oil in phthisis, is to be found in cases in the third stage,—even those far advanced, where consumption has not only excavated the lungs, but is rapidly wasting the whole body, with copious purulent expectoration, hectic, night-sweats, colliquative diarrhœa, and other elements of that destructive process by which, in a few weeks, the finest and fairest of the human family may be sunk to the grave.

The whole number of cases in the third stage of phthisis, (that is, with one or more cavities, as indicated by physical signs) which have been manifestly improved under treatment with the Cod-liver oil, amounts to sixty-two, up to the end of August. In thirty-four of these, I know that the improvement has continued up to a recent period, when I saw the patients, or had reports. Eleven cases, which exhibited decided improvement for a time, have since again declined or terminated in death. Of the remaining seventeen I have had no recent report, and I do not know whether the amelioration has been permanent or not.

The results above stated give to Cod-liver oil, even as a tardative or palliative in phthisis, a rank far above any agent hitherto recommended, whether medicinal or regiminal. I have made extensive trials of several other medicines of reputed utility in this disease, and on a future occasion may lay before the profession the results of my experience, which prove some of these agents to be by no means inoperative or useless; and I still consider them to be often salutary aids in the treatment of this formidable malady, but their utility and harmlessness fall so far short of those of the Cod-liver oil, that I regard them now chiefly as subsidiary means, and the more likely to be useful, in proportion as they facilitate the exhibition or continuance of this superior agent.

If the experience of the profession at large should accord with my own, and with that of those who have preceded me in recommending the Cod-liver oil, our prognosis with regard to phthisis must undergo some modification. To what extent this modification may reach, cannot be determined, until such cases as those which I have recorded have been tested by years of time; but even now, when we repeatedly find forms and degrees of disease, that former experience had taught us were utterly hopeless and speedily fatal, retarded, arrested, nay sometimes

even removed and almost obliterated by various processes of restored health, we must pause ere we, in future, pass the terrible sentence of "no hope" on the consumptive invalid.

2. *Mode of Operation of Cod-Liver Oil.*

It seems scarcely necessary to discuss the question, whether the oil owes its efficacy to the iodine which it contains. The amount of this element is so minute as hardly to admit of quantitative measurement; and to ascribe virtue to such infinitesimal fractions, when ordinary doses have no corresponding activity, is to adopt the fanciful and mischievous speculations of the homœopathist, which cannot be too strongly deprecated by the scientific and conscientious practitioner. Several of the patients whose cases are cited above, and many more of whom I have records, had taken iodine in various combinations before taking the oil, but without any effects approaching to those which ensued on the change of treatment. I am by no means incredulous of the salutary operation of iodine in some forms of tuberculous and scrofulous disease; indeed, until I used the pure oil, I considered it to be the most useful remedy; but in the last two years, the oil has so far surpassed it and every other medicine in its beneficial operation, that I am convinced that it acts by a virtue peculiar to itself.

The cod-liver oil is a highly nutrient material; and it is commonly admitted by all practitioners who have used it, that it possesses, in a pre-eminent degree, the property of fattening those who take it for any length of time. But its nourishing influence extends beyond the mere deposition of fat in the adipose tissue. The muscular strength and activity are sensibly and sometimes rapidly increased under its use; whilst the improved color of the cheeks and lips implies a filling of the vessels with more and better blood. Researches are wanted, to elucidate this subject more clearly; but the analysis of the blood in one case of phthisis which had been under treatment by the oil, showed a most remarkable increase of the animal principles of the blood, especially the albumen, which amounted to thirteen per cent., being nearly double its usual amount, whilst the fat was not materially augmented; and the fibrin, which is generally high in phthisis, was reduced below the normal proportion. If these results should be confirmed by further observation, there will be no difficulty in understanding that the cod-liver oil should prove a nutrient to all the textures; although it may yet be a question, whether it does so by direct conversion into albumen or fibrin, or by preventing the waste of the albuminous principle by protecting it from the action of the oxygen absorbed in respiration.

But there is much reason to believe that the oil itself proves serviceable in supplying the fat molecules which appear to be essential to healthy nutrition, as forming the nucleoli of the primary cells or rudiments of tissues. The important part which fat thus performs in the process of nutrition, was first pointed out by Ascherson of Berlin; and that fat forms the central molecules of the elementary granules and cytoblasts of textures, is generally admitted, although few agree with Ascherson in his opinion that the fat forms the cells by its power of coagulating albumen around it. It seems to have been the opinion of Dr. Ascherson and of Dr. Hughes Bennett, who cites it, that in scrofulous diseases there is a want of this fat, and that the albumen derived from the food in digestion is liable to be precipitated in an unorganizable condition (as tubercle, etc.) for the lack of it. But it is now well ascertained that scrofulous and tuberculous deposits, so far from being deficient in fatty

particles, contain them in greater quantity than exists in the blood, or in its plasma in a healthy state. The explanation which I have given of the chief salutary action of the cod-liver oil, is not that it supplies fat where it is wanting, but that it supplies fat of a better kind, more fluid, more divisible, less prone to change, and more capable of being absorbed into, and of pervading, the structures of the body: thus affording a fine "molecular base" in the chyle, and therein, a material for a better plasma; and being conveyed into the blood distributed through capillaries and around deposits (in such quantity as to soften and dissolve the crystalline and irregularly concreted fat scattered through them,) it renders them more amenable to the processes of reparation and absorption. Hence its beneficial operation is more marked in those stages of tuberculous disease in which the deposits abound in fat: that is, at the period of maturation and softening; although from the extent of mischief already done, both to the part and to the system, the benefit may not be so lasting as in the early stages of the disease.

One of the most remarkable facts of the cod-liver oil, in some cases of the second and third stage of phthisis, and in other forms of scrofulous disease with extensive suppuration, is the speedy removal of the sweats and other symptoms of hectic fever. This can hardly be ascribed to its direct nutrient powers; but I think that it is due to its influence in diminishing the unhealthy suppuration which is excited around the softening and excavated tubercles. If my views of the chemical nature of suppuration,—that it consists of a farther oxydation of the exudation corpuscle,—be correct, then it is quite intelligible that the presence of so highly combustible a material as oil must check this process of oxydation, and thus prevent the degeneration of the corpuscles into the aplastic state of pus globules. In fact, if it should prove to be correct, according to the analysis above quoted from Simon, that cod-liver oil removes the excess of fibrin in the blood of phthysical patients,—this also equally accords with my notion, founded on the inferences of Mulder and others, that the formation of fibrin is due to a process of oxydation of the albumen (forming a deutoxide of protein, according to Mulder;) and that, by preventing this, the oil removes that tendency to cacoplastic inflammatory deposits which largely contribute to increase the consolidation of the lungs and other organs in phthysical subjects.

In making these surmises, I would not be supposed to adopt the idea of Liebig, that pulmonary consumption is the result of an excess of oxygen in the blood at large, consuming its materials, and those of the textures. Many of the symptoms, as well as the organic lesions of the disease, show that there is a great deficiency in the process of respiration by which oxygen is supplied to the blood; and some of the most rapidly fatal cases, exhibiting speedy emaciation, are, throughout their course, in case bordering on asphyxia. Here is obviously a great want of oxygen in the blood,—nay, I believe the excess of fat in the liver, and in the tuberculous deposits, in these instances, to be caused by this very scanty supply of oxygen to the system. But although it is deficient in the system, enough oxygen comes into contact with the exudations from cavities in the lungs, and from the diseased bronchi in their vicinity, to effect the formation of much unhealthy pus; and it is the formation and reabsorption of this that seems to excite the hectic of phthisis, as well as to keep up much harassing local irritation. Now, I believe it to be by diminishing these exudations, and checking their further oxydation into pus, that cod-liver oil acts so promptly in reducing the hectic

sweats and purulent expectoration of phthisis, which accelerate and aggravate its destructive progress.

The limits of this paper will allow me to notice but briefly one more point in regard to the action of cod-liver oil. Unlike other oils or fats, it rarely disorders the stomach or bowels, or disturbs the functions of the liver. If taken in any quantity, vegetable oils commonly purge, animal oils turn rancid in the stomach, causing heartburn, bilious attacks, and even jaundice. On the contrary, cod-liver oil generally improves all the chylipoietic functions, and distinctly promotes the action of the liver; so that the appetite and power of digestion are restored, and patients are enabled to take an amount and variety of food beyond what they were accustomed to, even in health. I cannot help thinking that this peptic influence of the oil is due to its containing some biliary principle, which both favors its divisibility in the process of digestion, and promotes the natural secretions of the liver. The flow of bile, as indicated by the color of the fæces, is generally free and uniform during its exhibition; and I must not omit to notice another fact, which I believe to be connected with increased activity of the liver. I have in numerous instances remarked that the bulk of the liver (as determined by percussion) becomes augmented during its use; yet without tenderness or any other sign of disorder. In fact, this seems to be a kind of useful hypertrophy, induced by the oil augmenting the bulk and quantity of the hepatic cells, and supplying at once a material the more fitted for this secretion, because it has already within it some elements of biliary matter which served a similar purpose in the liver of the fish, and this at a lower temperature, and less favorable to the activity of the process. The observation of this influence of cod-liver oil has led me to use it in several cases of functional and structural disease of the liver, marked by defective or depraved secretion, and in some instances with most satisfactory results, especially in one of habitual formation of gall-stones, which had resisted all kinds of treatment, and was rapidly destroying the health: the use of the oil has entirely stopped the attacks, and has restored the patient to good health.

It appears probable, therefore, that although other oils might be equally influential in promoting nutrition, and in preventing and removing the cacoplastic and aplastic exudations of scrofulous subjects, the oil from the cod's liver, and perhaps those from the livers of other fish, have the advantage in point of digestibility, and in promoting the action of the digestive and biliary organs.

3. Preparation and Administration of Cod-Liver Oil.

It may seem somewhat strange that this remedy, which has been long employed and valued on the continent, and in some limited localities in this country, and of late years has been strongly urged on the attention of practitioners, both at home and abroad, should have been so slow in being received into general use. If the experience of other practitioners accords with my own on this point, I would give as the reason of this tardy introduction, the disgusting smell and taste of the oil as it has been commonly prepared, and an impression generally prevalent that the efficacy of the remedy is connected with these offensive properties. This notion was favored by Dr. Hughes Bennett, in his monograph published in 1841. At that time I made several trials of the oils, selecting the clearer specimens of the brown oil, as recommended; but I found that so few patients could take it at all, and fewer still were able to persevere with it, that the inference seemed to be, that however German and

Dutch stomachs might bear it, English ones could not, at least among the upper classes. It was not until I had witnessed some striking examples of benefit ensuing from the use of the pure oil, prepared according to Mr. Donovan's method, that I began again to make trial of it, and to reflect further on its mode of operation when freed from all impurities. The value of the oil will be much increased by the statement that in all instances I have prescribed it as *free from taste and smell as could be procured*; and so little difficulty has been experienced in its administration, that the proportion of cases in which it has decidedly disagreed has not amounted to four per cent.

The inoffensiveness of the oil implies the use of no process by which it can be deprived of its proper qualities. All that is required is, to obtain it pure and fresh, as it existed in the hepatic cells of the healthy fish when alive, without contamination by any process of putrefaction, roasting, boiling, or the like. On the contrary, the disgusting smell and taste, and dark color of the impure oil, proceed from the putrefaction and heat to which the livers are subjected, for the purpose of obtaining from them the utmost quantity of oil; hence it becomes highly rancid, and holds in solution or suspension various putrid and coloring matters derived from the corrupting cells and tissues of the liver.

It is not my intention to describe the details of the process by which the oil may be obtained in the greatest purity; but I may mention the following particulars, to which it is necessary to attend, in order to obtain a good product. The livers should be used as soon as possible after the death of the fish, every hour deteriorating the quality of the oil. The pale, plump livers should be preferred; those which are flabby and dark in color should be rejected as unhealthy. The livers, after being quickly pounded into a pulp, should be mixed with water of the temperature of about 120°, then filtered; and, after standing long enough, the oil is to be decanted from the filtered liquor, cooled to the temperature of 50°, and again filtered. The whole process is to be accomplished with as little delay as possible, and in closed vessels, to prevent the air from giving to the oil the slightest degree of rancidity. For the same reason the vessels, in which the oil is preserved, should be full, well corked, and kept in a cool place. I recommend the second filtration after cooling, to remove the more solid part of the oil, the stearin and margarin, which not only further clears the oil by its separation, but, by leaving a preponderance of elain, gives to it more of that perfectly liquid and penetrative quality which promotes its absorption and diffusion through the fluids and tissues of the body. My usual mode of administering cod-liver oil, is in doses of a tea-spoonful, gradually increased (if the stomach bear it) to a table-spoonful, floating on some pleasant-flavored liquid, such as diluted orange wine, or the *Infus. Aurantii Comp.*, with a little *Tinct. and Syr. Aurantii*. The vehicle should be suited to the taste and stomach of the patient; and much of our success in exhibiting the medicine will depend on our being able to keep the palate and stomach at peace with the oil.

In numerous instances I have found that the addition of a little diluted nitric acid to the vehicle will make it more grateful to the palate, as well as servicable to the stomach; and we may often combine with it other medicines which are not disagreeable, and thus fulfil the indications of palliating symptoms by their means. The fittest time for taking the oil, is from one to two hours after the three first meals of the day. At this time the chyme is beginning to pass from the stomach into the duodenum; and it would appear that the oil passes quickly with it, for

given at this time it causes none of those unpleasant eructations which are apt to occur when it is taken either before or with food. There is nothing in the oil for the stomach to digest; and the less it is brought into contact with it, and the sooner it passes out of it, the better. When it mixes with bile and pancreatic juice in the duodenum, its division and absorption begin and proceed, as in the case of all fatty matters. Herein, too, we see a reason why the oil does not agree so well either with the palate or stomach, when mixed in an emulsion, or combined with liquor potassæ, as recommended by some practitioners.

In conclusion, I repeat, that further observations, and longer time, are requisite to determine with accuracy the extent to which this agent can control or remove tuberculous disease of the lung; but I would state it as the result of extensive experience, confirmed by a rational consideration of its mode of action, that the *pure fresh Oil from the Liver of the Cod, is more beneficial in the treatment of Pulmonary Consumption than any agent medicinal, dietetic, or regiminal, that has yet been employed.*

—*London Journal of Medicine.*

8.—*Introduction of Steam into the practice of Dentistry.*—A friend called in our office a few days since, and gave us the following:—On his way up the river, business took him across the river from Louisville, where he met an itinerating steam dentist. He was prepared with a small furnace and boiler. To the latter a flexible pipe was attached, which, when a patient presented himself with an aching tooth, or wished a nerve removed, was introduced into the cavity of the tooth; some *roots* or *herbs*, in flavor like garlic, were put into the boiler with water or some fluid. The furnace was then heated up—puff, puff, goes the steam, and with a hiss out jumps the nerve—all done without pain—rights sold for the use of the invention on moderate terms, &c. &c.—Our informant happened to have an aching tooth, which he put under treatment; but, unfortunately for the steam doctor, the nerve had long since departed, and the garlic vapor could not restore it nor relieve the pain. Somewhat mortified, and feeling rather foolish, he *sloped.*—*Dental Register of the West.*

9.—*Nux Vomica in Intestinal Obstructions.*—It is notorious that certain obstinate cases of intestinal obstruction owe their difficulty to our ignorance of their cause; equally notorious that our practice is often empirical. In the "Transactions of the Medical Society of Rouliers," Dr. Ossieur has communicated some valuable information concerning the use of nux vomica in such cases. He says it produces a degree of excitement, more or less energetic, where there is deficient intestinal innervation, which often restores them to their natural action. Assuming this—and the fact is undisputed—we cannot refuse our assent to the doctrine that the medicine may act upon the muscular fibres of the intestines as it does on the muscles generally. In support of this view, Dr. Ossieur refers to the action of nux vomica in chronic catarrh, with relaxation of the mucous membrane, to lead colic, to prolapsus ani in children, and to atonic diarrhœa. He relates two cases of obstinate constipation, which, resisting all other means, yielded at once to the nux vomica.—*Medical Times*, May 26, 1849.

10.—*Belladonna in the Nocturnal Incontinence of Urine in Children.*—M. Trousseau narrates the case of a girl, five years old, who, since her third year had been the victim of this obstinate complaint. No effort was neglected on the part of the parents to remove this habit; but all the means adopted—some of them sufficiently severe—were without effect. A pill, containing one centigramme of the powdered root and half a centigramme of the extract of belladonna, was ordered to be taken every night at bed time. During the first week two nights were passed without accidents; and from that time, with two or three exceptions, the complaint entirely disappeared. The treatment was resumed from time to time for nearly a year. This is only one of several cases occurring, as well in his own practice as in that of M. Bretonneau, in which Prof. Trousseau has observed marked benefit from the use of this drug.—*L'Union Med.*, Oct. 14, 1848.

In a more recent number, Oct. 21, of the same Journal, Dr. Bache, Physician to the Hospital des Enfants, records two very obstinate cases of nocturnal incontinence of urine, occurring in individuals, one fifteen and the other eighteen years of age, where mercurial and sulphureous baths, refrigerant and astringent applications, tonic and ferruginous medicines, tannin, ergot of rye, nux vomica, and all other means had failed. Ultimately belladonna was exhibited with complete success.—*Monthly Retrospect*, Dec. 1848.

11.—*Phlebotomy in Ancient Times.*—In the early ages some of the Abbays had a bleeding house called *Phlebotomaria*, in which they had four general quarterly bleedings; and in the order of St. Victor, the brethren had five bleedings per annum. Half a century ago, bleeding was generally in fashion *spring* and *fall*; and surgeons were then never seen without a box of lancets and a red fillet. A fashionable phlebotomizing surgeon has been known to receive above a thousand guineas a year for this operation alone.—*Med. News*.

SURGERY.

12.—*Cases of Aneurism cured by Compression.*

Dr. EDWARD HUTTON has communicated to the *Dublin Medical Press* (May 16th), the two following cases of aneurism successfully treated by compression:—

CASE 1.—James Collins, æt. 34, a farm servant, was admitted into the Richmond Hospital on the 22d of July, 1848, for aneurism of the left brachial artery. He stated that two months previously he was bled in the left arm by a "country bleeder" for a pain in his chest. He remarked at the time that the blood spurted out to a great distance, and was of a bright red color. There was much difficulty in stopping the bleeding, and the bandage was put on very tightly. In three days he removed it, and found that the external wound had healed, but beneath this he observed a small pulsating tumor. He, however, returned to his labor, and continued to work for about a month, when he was obliged to desist on account of pain and a sense of weakness in the arm. The tumor had begun to increase a week before this, and pulsated strongly. No

treatment was applied until his admission into the hospital; the tumor was then about the size of a pullet's egg, and presented the usual characters of aneurism. When pressure was made on the brachial artery above the tumor, it lost its pulsation and tension, and yielded in some degree to pressure, but did not wholly collapse, indicating the presence of some coagulum in the sac. The skin covering this was of natural color and thickness. The radial and ulnar arteries pulsated distinctly at the wrist. Immediately on his admission into the hospital, the treatment by compression was commenced. The instrument first used was the screw-clamp, and although the pressure was applied occasionally at different points in the course of the artery, and so regulated as only just to stop pulsation, yet he was never but once able to sustain it for four hours together. After using the screw-clamp in this manner at intervals for twelve days, with but little effect upon the tumor, it was laid aside, and Dr. Carte's instrument was applied; with this the patient maintained the compression during six hours in succession, and made much less complaint of its application. At the end of this period, all pulsation had ceased, and never returned. The aneurismal tumor did not, however, begin either to diminish in size or to increase in firmness until nearly a fortnight afterwards, when these changes commenced. He was detained in the hospital until the 19th of September. The tumor was then very firm, and about one-fourth smaller. Immediately on leaving the hospital he returned to his labor, and was actively employed in gathering in the harvest. In March, 1849, I heard from Dr. Harkan, of Elphin, and subsequently from the patient himself, that the tumor was very small and firm, that he felt no inconvenience whatever from it, and had the full use of his arm.

CASE 2.—Philip Dignam, æt. 22, applied for advice on the 3d of January, 1849, for aneurism of the left popliteal artery. The tumor was about the size of a hen's egg, situated in the lower part of the popliteal space. It pulsated strongly, and presented all the usual signs of aneurism. When the femoral artery was compressed, the tumor became flaccid, and could be emptied of a considerable portion of its contents, but some solid coagulum remained. He stated that, about six months previously, he first felt a "stinging pain" in the ham; this was occasional only, and did not prevent him from following his usual employment.—Two months before his application for advice, he first perceived a tumor which was pulsating and painful, and attended with numbness and weakness of the leg. The tumor slowly enlarged to the size mentioned; his general health was good, and he had not confined himself to his house until a day or two before he came under treatment. On the 3d of January, I applied Dr. Carte's compressing apparatus. The patient was informed of the nature of his disease; of the alternative that awaited him if the plan of compression failed; the mode of managing this was explained to him, and he was exhorted to maintain the compression for six or seven hours, or longer if he could. He was very anxious to avoid an operation, and readily undertook the treatment. The next day, January 4th, the pulsation in the tumor had ceased. He reported that he kept up the compression seven hours and a half in succession, and that, during the whole time of its application, no pulsation returned to the tumor, nor did it after the removal of the instrument. The temperature of the leg and foot did not appear to differ sensibly from that of the sound limb, but the thermometer was not applied. It was difficult to feel pulsation distinctly in the tibial arteries of the right leg, and impossible to do so in the left. Perfect rest and moderate diet were en-

joined. After a week, some obscure pulsation was perceived, not dilatating the tumor, but as if the popliteal artery was previous along its base. Dr. Carte's instrument was, therefore, again applied for three hours, after which this pulsation was no longer to be felt. Two arteries were traced along the surface of the tumor; one about the size of the temporal, the other smaller. The case now progressed favorably, the tumor became very firm, and diminished in size. In less than four weeks from the commencement of the treatment, he returned to his employment in a butter crane, where he was engaged in lifting heavy weights. I have since seen him occasionally. The tumor, when last examined, was about the size of a nut, and of firm consistence. The pulse in the femoral artery could be felt along its course to within two inches of the tumor. He was free from all uneasiness in the leg, and in fact was completely cured.

Remarks.—Dr. Carte's application of an elastic force in the compression of arteries promises in a great measure materially to lessen the pain attending it, and thus to remove the only plausible objection to this mode of treating aneurisms becoming a rule of surgical practice. In the first case related, the patient was very sensitive to pain, and had not fortitude to endure the screw-clamp for the requisite period; while he was able to sustain the elastic force for six hours without shifting the instruments from the artery, and this period proved sufficient for his ultimate cure. In the second case, the compression was maintained during seven hours and a half without relaxation, which I am persuaded could not have been borne with the screw-clamp.

13.—*On the treatment of Indolent Ulcers.*—By H. T. CHAPMAN, Esq.

[Mr. Chapman treats indolent ulcers by compression, combined with the application of cold; ascertaining first, the temperature calculated to stimulate the dilated capillaries, without depressing too much the vitality of the part, and then maintaining such a temperature uniformly.—Mr. C. says:]

As soon as all inflammatory action has been subdued by emollient and antiphlogistic measures, these may be advantageously exchanged for cold water dressing and support, applied in the following manner: The sore being dressed with a compress of lint dipped in cold water, folded once, twice, or three times, according to the degree of compression which the surgeon may deem suitable to the case, three or more moistened strips of linen or calico, about two inches and a half in width, are to be carried smoothly around the leg. These strips must be applied precisely in the same manner as the strapping recommended by Mr. Baynton; the middle of the first strip being placed upon the back of the leg, with its upper edge opposite to the lower margin of the ulcer, the ends are brought round to the front, drawn firmly, and laid down smoothly one over the other; the second strip must cover the upper third of the first; and the same proceeding must be followed with as many strips as the size of the ulcer may require. Over the strips, a calico bandage is applied, the greatest attention being paid to its equable adjustment, so that the compression be distributed evenly over the entire surface, and its amount regulated by the sensibility of the ulcer.

Where the leg is slender above the ankle, the roller is apt to fall into plaits, and furrow the skin; to guard against this inconvenience, the

hollows immediately above the malleoli should be filled up by compresses of lint. The whole is then to be soaked with cold water and the moistened bandage enveloped with a sheet of oil silk, re-opening it from time to time, to renew the cold affusion. The wet strips of linen adhere to the limb, even before the application of the bandage almost as closely as adhesive strapping, and are capable of affording a support, scarcely inferior to that derived from it. In the case of a gentleman whose legs were extremely bulky, and where they were applied from the toes upward, after the mode of strapping the leg followed by Mr. Scott, the patient was in the habit of removing the roller in the afternoon, and drawing a silk stocking over the strips of linen, trusting solely to the support afforded by them until the following morning. If the ulcer secretes abundantly, it is better at first to repeat the dressing daily, although lint will absorb much of the discharge; very shortly, however, under the action of cold, large, shining, semi-transparent granulations become compact and red, and a thin and copious secretion diminishes in amount and improves in quality, rendering a daily renewing of the dressings quite unnecessary; and, after a time, this necessity becomes still more rare; in several of the cases hereafter recorded, an interval of three, four, and even five days sometimes elapsed between each dressing, without any interruption to the onward progress of the ulcer.

The frequency with which the cold affusion is practiced must be regulated by the temperature of the part, and the state of the patient's feelings; heat, uneasiness, and irritability being at once relieved by it; the age and temperament of the patient, as well as the season of the year, must also be taken into consideration. In proportion as the ulcer advances towards cicatrization, it is required much less frequently, and in the last stage of the cure may often be altogether dispensed with.

In the early management of very deep ulcers, I have found it requisite to modify the water dressings as follows: unless the cavity be filled up to the level of the surrounding skin, and its surface participate in the support given to the rest of the limb, granulations rise very slowly from the depth of the sore; successive layers of lint, according to Mr. Whately's practice, or scraped lint—the *charpie rappee* of French surgeons—were not, I found, well adapted either to absorb the discharge, or to imbibe the water, and convey it freely to the deeper portions of the surface; in fact, such a mass soon became as impenetrable as an unctuous dressing.

Instead of lint, therefore, in such circumstances, I make use of soft sponge, torn up into very small shreds, and soaked in water; these are dropped lightly into the ulcer, and covered with a single layer of lint, over which the bandage is carried, as in shallow sores; gentle support being thus conveyed to the entire surface, and tone communicated to the minute vessels, granulations spring up uniformly and vigorously, and fill the hollow of the ulcer, often with surprising rapidity. The sponge acts, as far as its compressing power is concerned, on the same principle as the wax dressing poured into deep ulcers, in the manner suggested by Mr. Stafford; according to my experience, it is only a more convenient mode of effecting the same object, but accomplishes it more speedily and completely. The shreds of sponge should be well soaked, and lightly distributed, in order to avoid any ill consequences from too much pressure by their subsequent expansion.

Under this simple plan of treatment, I am satisfied that the granulation and cicatrization, in a large majority of cases of indolent ulcers of the leg, of long standing, even when attended with a high degree of

irritability, will proceed more favorably and expeditiously, and occasion less inconvenience to the patient, than under any other method whatever.—*Brit. and For. Med. Chir. Rev. Jan., 1849, p. 200.*

14.—“*Buffalo Hospital of the Sisters of Charity;” Surgical Department. Reports of Cases of Fracture; Use of starch bandage, according to the method of M. Suetin, and a new mode of using it in cases where extension is required.* By DR. FRANK H. HAMILTON.

CASE I. *Fracture of Femur, at the site of an ancient fracture.* James Leacock, aet. 30 years.—Admitted Dec. 27, 1848. Nine months before, he had fractured his femur, at the lower end of the upper third. It united in the usual time, shortened three-quarters of an inch. The straight split was used.

Dec. 27, he fell upon his knee with moderate force, and re-fractured the limb at the same point.

Dec. 27, the day of his admission, I applied my own straight splint, with lateral dressings. The limb was extended to the same length as before the last fracture occurred—shortened three-quarters of an inch. On the 29th, vesications had occurred upon the top of the ankle, from the pressure of the gaiter. The extending bands were loosened, and the gaiter readjusted. Notwithstanding great care was used to prevent this event, a slough occurred above the heel, on the third of June. From this time to Feb. 16, we were compelled by his constant complaints and restlessness, to change the mode of extension and support, often. The extension was made from above the ankle, from above the ham, and from above the knee, alternately, or at the same time; with adhesive plasters and cotton, or flannel rollers. Once the double inclined plane was used.

Feb. 16, fifty-two days from the commencement of the treatment, we found the bone united, and the limb of the same length as before.

There were present the usual sources of difficulty in this case, to which were superadded an exceedingly irritable temperament, and the previous occurrence of fracture at the same point. But we wish to call the attention, particularly, to the difficulty of making the requisite extension, without inflicting injury upon the ankle. We believe we are acquainted with, and have, at one time or another, tested most, or all of the various appliances recommended for the purpose of making extension in such a manner as to avoid unequal and injurious pressure upon the foot and ankle. Yet, we have, every now and then, produced vesications, ulcerations, and sloughings, in spite of all our care.

The three cases of fractured femur which follow, will illustrate what we hope to find a real improvement in this part of the treatment, and which we describe as follows:

The ankle, foot, and lower part of the leg is first completely swathed in thick sheets of carded cotton; over this, commencing at the toes, and extending to the knee, a starch bandage is carried; the whole limb being covered by at least two turns of the roller, and the ankle and top of the foot with six or eight turns. After four or five turns are made about the ankle, a piece of binder's board may be laid along the inner and outer malleolus, to render this part of the gaiter more firm and unyielding. A firm piece of cotton roller must also be laid along the leg, on each side, and allowed to extend half a yard beyond the bottom of the foot, to be

used as the extending band. This is secured by the remaining turns of the roller. The limb is now to be suspended slightly above the bed, to allow the air to approach it freely. If the weather is cold, hot bricks may be laid beside it, until it is perfectly dry. We have thus a gaiter which will not excoriate the limb under any reasonable amount of extension, and which need not be removed until the expiration of four or six weeks.

Another excellence which is claimed for this bandage is, that, unlike the ordinary dry roller, applied to the leg and foot for the purpose of preventing cedema, it is not liable to become loosened or displaced.

Finally, we enumerate, briefly, the advantages which we propose in this new *appareil*:—

Economy; facility of adaptation, softness of the surface applied to the skin; firmness of the exterior, and the application of the extending forces to a variety of surfaces, viz: to the heel, instep, ankle, and above the calf of the leg. These advantages greatly diminishing the danger of excoriations, &c.; permanence; support of the limb, and prevention of congestions, without the necessity of frequent readjustments.

CASE II. *Fracture of Femur.* James Brian, aet. 8 years, fractured his femur at the upper end of the lower third, Jan. 20, 1849. Fracture simple. Entered Hospital the next day. Jan. 23, we applied the starch bandage to the foot and leg. Jan. 28, seven days after the occurrence of the fracture, extension and counter-extension were made with a straight splint, and lateral splints were also applied. This treatment was continued until the 17th of Feb., a period of twenty days, and extending to twenty-seven days after the fracture; during which time, the little patient made no complaint, but was always cheerful and happy. On the 17th of February, the bandages and splints were removed. The bone had united with proper length and direction. There was not even discoloration, or tenderness, about the ankle or leg.

CASE 3. John Gorty, aet. 13 years, fractured his femur, in middle third, Feb. 21, 1849. On the same day, we applied the starch bandage, from the toes to the knee. Feb. 24, the bandages being dry, the straight splint was adjusted, and extension made. Lateral dressing were also applied. March 14, the fracture appeared firm. March 23, the bandages and splints were removed, and the leg was found sound and perfect. No excoriations had occurred on the foot or leg.

CASE 4. G. W. Heyward, aet. 43 years, broke his left femur through the middle third, June 21, 1849. Same day we applied the starch bandage to his leg and foot, and seven days later we commenced the extension with the straight splint. The usual lateral splints were applied to the thigh. Starch was also used freely in the dressings about this part of the limb, in the application of the Scultetus bandage, and the padded splints, laid upon this bandage, were also covered over with the same. The effect of this has been, that the bandages held firmly to the limb, the splints to the bandage, and the roller to the splints, and the dressings did not require readjustment for three weeks.

Three weeks after the fracture occurred, the dressings and extending apparatus were all removed. Bone united, shortened half an inch, straight. No ulcerations of heel or instep.

Limb redressed with double inclined plane.—*Buff. Med. Jour.*

15.—*On the Treatment of Hydrocele.* By BRANSBY COOPER, Esq., F. R. S., &c.

In young children, the cure of simple hydrocele, if not spontaneously produced, may generally be effected by local applications; and I have frequently produced absorption of the fluid by the use of the following lotion :

R. Amm. hydrochlor. dch. j.; liq. am. acet sp. vini. re ct. aa. oz. ij.; aquæ destil. oz. iv. M. Ft. lotio sæpe applicand.

Should this treatment not succeed, acupuncture is almost infallible in children. In later periods of life, hydrocele sometimes undergoes a spontaneous cure, from a blow or any cause which induces inflammation, or from a rupture of the tunic attended by diffusion of the fluid; and I think I have also known it to result from an altered action being established without the tunica vaginalis being torn.

[Speaking of the various operations which have been recommended for the radical cure of hydrocele in the adult, M. Cooper observes:]

Incision was the operation employed by John Hunter; it was performed in the following manner:—He made an incision into the tunica vaginalis, allowing the fluid to escape, and then, sprinkling flour on the surface of the tunic to excite inflammation, the membranous sac filled up by granulation. This operation, however, so frequently led to sloughing, that Mr. Pott repudiated it, and substituted that of injection, which is now almost always employed. In those cases, however, in which there is a great difficulty in forming a diagnosis, incision is a most safe mode of proceeding, provided no further means be employed to produce inflammation of the tunica vaginalis. In June, 1839, I admitted a patient, aged sixty-four, into Stephen's Ward, Guy's Hospital, who was the subject of a large scrotal tumor, which had formed so rapidly, that I doubted whether it was hydrocele or hæmatocele; this doubt was strengthened by the perfect opacity of the tumor, and I proceeded therefore to open the tunic by way of exploration; a pint of brownish scum was evacuated, and I found the tunica vaginalis extremely thickened, in some parts cartilaginous, and at its upper portion ossified: the patient was, however, perfectly cured by this simple operation. My colleague, Mr. Cock, also treated a similar case by incision, but in that instance the whole cartilaginous tunic was thrown off by a sloughing process; but the patient also recovered. I have myself had several cases in which I have adopted simple incision as the mode of treatment.

[Mr. Cooper does not, however, approve of this operation, except in such cases as offer a difficulty in ascertaining the precise nature of the disease. The operations by excision, caustic, and seton, he decidedly condemns.]—*Med. Gaz.*, Mar. 2, 1849, p. 358, *In Braithwaite.*

16.—*Removing a piece of Pipe-stem from the Bladder.*

We see in the Bulletin General de Therapeutique, the case of a man who in a drunken frolic attempted to sound himself with the stem of a common pipe. This broke off, and a piece more than two inches in length passed into the bladder. He came to La Charite Hospital, where that skillful surgeon, Velpeau, removed it by an instrument like Civiale's Lithotritor with three blades.

17.—*Arterial Compression as an Antiphlogistic.*

Dr. Henroz de Marche has published a work on the value of compressing the brachial artery in cases of whitlow to check the inflammatory process in the finger; this seems but an exaggeration of M. Gerdy's principle of keeping the limb elevated so as to lessen the force of the arterial circulation in the inflamed part. Dr. Henroz was one day in his garden pruning an arbutus, and got a prick of a thorn in his left ring-finger at the inner side of the third phalanx; the thorn was extracted, and for twenty-four hours he felt no uneasiness in the part; the finger at this time began to swell rapidly, and to grow red, and the inflammation extended by degrees to the palm and back of the hand. On the fourth day, the pain was pulsatile and severe; he could not sleep; had great thirst; skin hot, and pulse frequent; the axillary glands were swollen but indolent. Stuping, leeches, poultices, opiates, mercurial frictions, were in their turn tried without advantage. It then occurred to M. Henroz to try compression of the brachial artery, which he did immediately with his thumb; instantly the severe pain which he had endured for five days ceased, as if by magic, and he was able, without the slightest uneasiness, to put his hand into any position he pleased, and even the redness disappeared completely. However, as it was impossible to maintain the pressure in this manner for any length of time, he contrived an instrument for the purpose, so simple in its construction as perhaps to make it a valuable aid in such cases in the country, where more perfect ones could not be readily had. It was applied on the brachial artery, and the same good effects immediately followed as when compression was made with the thumb; it was left on for three hours, during which the pain in the hand did not recur for an instant; it was pale and cool, and the swelling had diminished. Fearing that a longer interruption to the circulation might produce ill consequences, M. Henroz suspended the compression for three-quarters of an hour. The pain returned, pressure was again made, but this time it was on the ulnar not the brachial artery, and the symptoms were as suddenly relieved as in the former case. Compression on the artery was thus continued from half-past twelve at noon until five o'clock in the evening, as well as on the palm and dorsum of the hand with firm compresses of wadding, at which time the tumefaction of the hand and finger was permanently reduced, as also the tenderness, the symptoms of reaction had ceased, and there was no longer pain or fever. In the evening, pressure was again made and continued all night; the next day the cure was complete.

The same treatment was employed by M. Henroz with the same result on a young girl who had a very severe whitlow; in this case, in which the affection was eight days progressing, the pain left the part the instant the compression was applied, and the cure was complete in thirty-six hours.—*Journal de Medecine.*

OBSTETRICS.
18—On Hemorrhage from the Umbilicus after the Separation of the Funis.
 BY ED. RAY, Esq.

Mr. Ray relates a case of this kind; a lady had six children, three males and three females; the males all died from umbilical hemorrhage after the separation of the funis; the females had no hemorrhage. With regard to

the sixth child, a male, on the third day from birth it became jaundiced, and hyd. c. creta with rhubarb, &c., was given.]

On the sixth day the cord separated from the umbilicus; there was nothing to remark beyond the jaundiced and somewhat inactive state of the child. From this time I undertook the dressing of the navel, and applied night and morning zinc ointment dusted freely over with powdered matico leaves. Suspecting the mother was not a good nurse, a wet nurse was with some difficulty procured. A small granular point alone remained unhealed *within* the umbilical pit on the 9th day. On the morning of the 10th day a slight stain of blood was seen on the dressing being removed from the umbilicus; the under surfaces of the matico leaves were now applied over the umbilicus, and a compress over them. At 3 P. M. I was sent for, the child being faint, and found on removing the bandage from the abdomen, that the compress was sodden with blood; firm conical compresses of lint were made so as to fit *into* the umbilical depression, and firmly retained after being moistened with Ruspini's styptic, but did not appear much to control the hemorrhage; one wetted with oil of turpentine was then similarly applied, and to all appearance checked it, but in less than two hours it recurred, and it was evident to Mr. Peppercorn (who was present) and myself, that pressure, with or without stytics, could not be depended upon for controlling it; on watching the blood it was seen to ooze in a fine undulatory stream from left to right, and in a direction upwards, showing that it proceeded clearly from the left umbilical artery; it was of a very light vermilion colour; coagula were scarcely traceable on the linen, &c., which had more the appearance of being stained by a thin-coloured fluid, than the usual stiffened stain of blood. We decided upon encircling the umbilicus with a double ligature introduced by a curved needle, but were shortly after compelled to surround it with a single ligature, as the blood began to ooze after a few minutes from the needle's punctures: this effectually controlled it, but the child was already blanched and losing temperature; it was now kept warm and quiet, and frequently supplied with small quantities of breast milk with a spoon, as it had not the power to suckle. On the 11th day it was still weaker; no return of hemorrhage; could not suckle; nutriment could be got down only in very small quantities; two small petechial spots on the left arm; skin yellow and cold; child quiet, and breathing almost imperceptible; motions of pasty consistence and almost white; ordered beef-tea and milk to be administered if possible, beef-tea enemata, and small doses of sesquicarbonate of ammonia sheathed in mucilage every hour. The child continued gradually to sink, and died on the 12th of May, the 12th day after its birth, 6th after separation of the funis, and in about 46 hours after the commencement of the bleeding.

[After death, it was found that the umbilical blood-vessels were not occluded, neither were the ductus arteriosus nor the ductus venosus. Mr. Ray observes:]

As to the mode in which the foetal vessels become obliterated, I am at present disposed to believe that it is by the gradual contraction of their coats, and not by the formation of a clot within them. In the few children I have had the opportunity of examining under the age of one month or six weeks, I have not detected any trace of a fibrinous plug, but have generally been able to trace a canal in the vessels. I find upon inquiry, that it is not uncommon for a *little oozing* of blood to occur after the immediate separation of the funis, which either spontaneously or readily subsides with compression; and it is not a little singular that I have seen this *slight oozing* in two *male* infants of an ill-fed poor woman, who

nearly lost a former *male* child from hemorrhage from the funis, occurring some hours after birth. Hemorrhage from the umbilicus I believe to be prevented by the contraction and the retraction of the vessels (after the separation of the funis,) and by the subsequent sealing by granulation and cicatrization. The formation of the umbilical depression is probably aided by this retraction, and some degree of internal traction on the remains of the umbilical vein and urachus being produced by the respiratory movements and distension of the bladder.

[After referring to a number of published cases and some unpublished ones, which seem to show that umbilical hemorrhage is almost, if not altogether, confined to male children, Mr. Ray proceeds to suggest treatment. After referring to the importance of attention to the health of the mother, he says:]

After the separation of the funis, I would suggest the application of collodion before applying the usual compress of soft linen, and urge the daily superintendence of the accoucheur: I allude, of course, only to those cases where the disposition to this form of hemorrhage is known or suspected.

Curative Treatment.—Should the hemorrhage, notwithstanding our precautions, occur, the administration of one or other of the remedies serviceable in purpura—as steel, gallic acid, &c., might, perhaps, be of some avail; but mechanical means must be adopted for *immediately* checking it; and in the employment of those means there must be *no delay*,—no loss of time by repeating an unsuccessful attempt, as every drop of blood is of vital importance to so young an infant. Should such a case occur to me again, I should first attempt to control the bleeding by pinching up the umbilicus between the finger and thumb in the same manner as I should pinch up the integument to control the bleeding of a leechbite, maintaining that pressure, if successful, and coating the umbilicus, first filled with cotton wool, over with collodion, or employ plaster of Paris, as suggested by Dr. Churchill, if at hand. But should it not be thus readily controlled, I should procure an eschar by means of a probe, director, or skewer heated to whiteness, coated afterwards with collodion. If unsuccessful, I should then proceed to tie the bleeding vessel, and adopt the mode suggested to me by Mr. Hilton, first introducing a fine probe into the bleeding vessel, to act as a guide for the incision, as well as to diminish, perhaps, the loss of blood. I do not recommend the immediate application of the ligature in these cases, from the impression that they are so allied to the cases reported as illustrative of the hemorrhagic diathesis; and, consequently, deem it possible that hemorrhage of a dangerous, if not a fatal character, might arise from the wound necessary for its application.—*Medical Gazette*, March 9, 1849, p. 423. In *Braithwaite*.

19.—*Early Pregnancy and Infantile Menstruation.*

In the London Medical Gazette, for 3d Nov. 1848, Mr. John Smith publishes a recent case of *early Pregnancy*. It is interesting, not only from the extreme youth of the mother, but from the fact of her having borne a living and tolerably healthy infant. The following is Mr. Smith's narrative:—

“At the Coventry Assizes, of August, 1848, Julia Amelia Sprayson preferred a charge of rape against her uncle, James Chattaway, who was convicted of the assault, and sentenced to two years' imprisonment and hard labor in the House of Correction. The girl was far advanced

in a state of pregnancy, and as it is of rare occurrence for conception to take place at so early an age as *between eleven and twelve years*, many surmises were expressed by the gossips as to what would be the probable issue. She continued in good health up to the day of delivery; which took place on the 16th September, 1848. In the early part of the morning she became restless and uneasy; and from the hour of 11, A. M., slight pains occurred at irregular intervals, until about 5, P. M., when it was evident that labor was rapidly advancing. On being sent for soon after, in consequence of the absence from town of Dr. Dewes, who had been engaged to attend her, I proceeded to make an examination, when I found the pelvis of average dimensions, and the os uteri about the size of a shilling piece; but as the parturient throes were active, and returned every eight or ten minutes, it appeared prudent to remain until the case had terminated. Nothing remarkable supervened during the progress of the labor, except that it was of unusually short duration.—From first to last she was not more than ten hours ailing, while the period of actual labor was not extended beyond four hours, and this would have been further shortened but for the smallness of the external outlet. The subsequent symptoms were just as favorable as the labor had been short. The lochia ceased after the lapse of a few days: the mammæ became duly developed, and the secretion of milk was so copious as presently to suggest to her mother the idea of seeking for a situation as wet-nurse. The infant at birth was long, slender, and emaciated, but rather below the average size, and in many respects may be said to have borne a striking resemblance to the offspring of mothers who had been imperfectly nourished during pregnancy. It did not occur to me at the time, either to place it in the scales, or to take its admeasurement, but at the time of writing this report (23d October, 1848,) it is 8½ pounds in weight. The present weight of the mother is 104½ pounds. When she had so far recovered as to take a share in domestic avocations, it seemed advisable to pay her an early visit, to elicit, if possible, some farther information than what had transpired in court, with a view of establishing some data as to the period of uterogestation; and although foiled and disappointed with the result of this part of the investigation, some particulars of interest were readily obtained. She was rather of prepossessing appearance, of fair complexion, with brown hair and dark grey eyes; more womanly by far than is usually witnessed at her age, her figure being tolerably plump, well set and proportioned, and her height being rather more than five feet; and notwithstanding her casually childish manner, there was that forwardness of expression which betokened a more than ordinary development of character. On inquiry her mother assured me that she began to menstruate when *ten years and six weeks* old; and it was distinctly ascertained that there had been a regular return of the catamenial discharge, in somewhat profuse quantity, up to the period at which conception took place. The girl had lost her father about two years ago, and that she might not be a burden to her widowed mother, had been in residence with her uncle, who was a weaver at Foleshill. This unhappy man, who proved her seducer, was aged forty-seven, living with his wife, to whom he had been married twenty-five years by whom he had had a family of two or three children. The niece was taught to weave at a handloom, which stood in the same apartment in which her uncle pursued his daily employment; and here it would seem that familiarities arose which issued at length in criminal intercourse. This latter took place for the first time about the middle of November, 1847, and was allowed to be repeated on four occasions

at weekly intervals; but as the catamenia had appeared during the last week of that month, and did not recur in the Christmas week, she dated conception from the latter period. No communication was made to her relations of what had transpired until six months had elapsed, when her situation became too prominent to elude further observation, and then it was that arrangements were made for bringing her under the maternal roof; and means were taken for delivering her seducer into the hands of justice. The most rigid inquiry failed in deducing any farther particulars that could be at all relied on as authentic information. I have been at the pains of consulting the registers both of her birth and baptism. The former bears the date of February 13th, 1836, and the latter March 7th, of the same year."

20.—*On the Treatment of After-Pains.* By Dr. W. TYLER SMITH.

It consists in the removal of coagula from the vagina and os uteri, the avoidance of all the extra-uterine causes of uterine contraction, and the application and administration of opiates. Gentle friction with the linimentum opii over the abdomen is often very useful; but I have found still greater benefit from the application of this liniment to the mammæ. By a reflex action, it allays the excessive sensibility of the uterus, when thus applied. Probably when applied to the abdominal surface, its sedative influence is also of a relax kind. The sensorial connection between the nerves of the abdominal surface and the abdominal and pelvic organs is very striking in some diseases. For instance, in peritonitis, there is actual and intense tenderness of the skin of the abdomen in addition to the tenderness of the subjacent peritonæum. This is a slight digression; but I mention it to show the reflex sensory connection between the surface and internal organs, which, in the case of after-pains, may be made of considerable therapeutic service.

In excessive after-pains, without hemorrhage, without the presence of coagula, and in the absence of other signs and consequences of inertia, the infant should never be applied to the breast for some hours after delivery; not, in fact, until the uterus has become calmed from its state of morbid excitability. Early and constant stimulation of the breasts by the child is a common cause of irritable uterus for many days after delivery. This agent, so salutary in all cases of impending inertia, is often made, unnecessarily, a cause of miserable suffering, at a time when the patient is little able to endure it, and without any counterbalancing good, if the uterus has contracted healthily. I repeat, we want no more than safe contraction, every after-pain beyond this point is both unnecessary and mischievous.—*Lancet*, Nov. 25, 1848, p. 576, (in *Braithwaite*.)

INSANITY.

21.—*On Monomania.* By M. BAILLARGER.

The Author has devoted a clinical lecture at the Salpêtrière to the consideration of this subject. He defines monomania to be a partial insanity, resulting from an exciting passion; differing in this respect from melancholia, which is produced by a depressing passion or emotion. M. Baillarger accounts for the opinion of Foville and some other authors, as to the rarity of this disorder, by the fact, that many persons laboring

under it may succeed in concealing their state from their friends and physician, until their mental derangement has become so great as to preclude the affected individuals being longer regarded as simple monomaniacs. In proof of the general correctness of this observation, he instances two cases:—The first, that of a soldier, who contended for more than twenty years against a constant and powerful desire to murder certain of his relations. Before this propensity became so irresistible, he was forced to acquaint his friends with the power it exercised over him in order that proper restraint might prevent him from doing the mischief, to which he was impelled. The second case is that of a lady, whose hallucination was of a more amiable and harmless character; consisting simply in an overweening concern about the possibility of her regarding her husband with the proper degree of conjugal devotion. This state of mind had existed for three years, to the great distress of the patient, but unattended by any further symptoms of insanity. Hallucinations of this nature are called by the author, and other French writers, “fixed ideas;” they are, for the most part, carefully concealed from notice by the subjects who are rendered so unhappy by their possession.—Monomaniacs, therefore, according to the author’s definition, are rarely found confined in asylums; they move unchallenged in society, and it is only when very particular attention is directed to the inquiry, that anything like an adequate idea of the number of persons so affected can be obtained.

Causes of Monomania.—An extreme degree of mental sensibility or irritability is supposed by the author to act most frequently as the *pre-disposing* cause of monomania, accompanied in several, though by no means in all instances, by a limited degree of mental endowment. Certain events produce a more or less permanent impression on the minds of some individuals, which, on those of others, exercise a very slight or transitory influence;—such individuals are precisely those in whom we may expect the “fixed ideas” of monomania to become developed. This peculiar impressibility of the mind is more common and better marked in women than in men; and in the former, more particularly, during the existence of certain physiological states proper to their sex. The *occasional* or *exciting* causes of monomania are various; among these, lively mental emotions, especially violent grief, occupy a prominent place. The author quotes several cases in illustration of this fact; of these, the following is one of the most interesting:—Augusta Strohen, when a young girl, witnessed the execution of a criminal at Dresden. The general interest felt in his fate, and the important part he played in the tragedy of the execution, made a deep and lasting impression on her mind; and the desire thus excited, of occupying a similar conspicuous position in the regards of the public, became at last sufficiently strong to drive her for its gratification to the commission of murder. Irritation is also a common cause of monomaniacal insanity; and to this cause may be traced many of the instances on record of homicidal and suicidal epidemics. This fact illustrates the mischievous tendency of those newspaper paragraphs devoted to stories of murders and executions. A striking dream occasionally acts as the exciting cause of monomania; in this case the “fixed idea” corresponds with the most remarkable idea in the dream. A curious circumstance in the history of typhus fever, is the occasional determination of the accompanying delirium, after the febrile excitement has become somewhat mitigated, in one particular and exclusive direction. M. Louis has recorded some cases of monomania originating in this way; in which, however, the aberration was only

temporary, having been corrected after convalescence was considerably advanced. Similar effects sometimes follow the delirium of the "cerebral fevers" of women recently delivered; and it is remarkable, that the insanity which remains after such attacks, which may be monomaniacal or more general in its character, is more common among women of the higher than of the lower classes,—obviously from the greater mental susceptibility encouraged by the habits and education of the former.—*Lond. Monthly Journal, from Gaz. des Hopitaux.*

22.—*On the use of Chloroform and Ether in Puerperal Insanity.*

"As it is a great object to break the *continuance* of the sleeplessness of insanity, the occasional use of the *chloroform* vapour will be found valuable. We have had an opportunity of seeing more than one case in which it not only induced sleep, which had previously been absent for four or five nights and days, but the patient on recovering from its effects, was found to be quite tractable and free from violence. The inhalation of ether had been tried by M. Cazenave of Pau, in the case of a lunatic female who had rested neither night nor day for five months, and in which it induced tranquillity. M. Jobert, in a similar case, exhibited it with the good effect of inducing sleep, and restoring, temporarily, a state of rationality. M. Bouvier tried ether, also, in a case of puerperal mania, with very beneficial results. In this case there had been no sleep for a fortnight before using the ether; its use was followed on two occasions by '*un calme de quelques heures.*' We are bound, however, to add, that in some cases in which it had been tried by other practitioners, no beneficial effect was produced."—*Journal of Psychological Med.*

23.—*Insanity cured by Sulphate of Quinine.* By M. PIORRY.

Four cases of mania are reported, in which a complete cure was effected in periods varying from twenty-four to forty-eight hours, by the use of this medicine. The cases were recent and acute; they were characterized by various sensory illusions, and by the occurrence of a paroxysm about the same hour every evening. We give the details of one case.

A woman, thirty-five years of age, was brought into the hospital in a state of furious delirium, which rendered necessary the use of the strait-jacket. She imagined that she heard the voices of several persons constantly talking beside her, and in particular of an individual who had excited her jealousy, and of whom she wished to rush in pursuit. The attendants were obliged to tie her down in bed, and the house-surgeon proposed sending her to the Salpetriere.

Two days afterwards, M. Piorry saw her at his morning visit, and found her very irritable, but succeeded in getting from her some account of her complaint. Her disease commenced with noises in the ears and imaginary voices, followed by delirium, of which she was herself sensible. All these symptoms were much aggravated at night. She was ordered fifteen grains of quinine; no other treatment. Next day there was no delirium, and the day after she was perfectly well.

These cases are very remarkable from the rapidity with which they were cured. M. Piorry considers the delirium of insanity as often induced by certain abnormal sensations, and functional derangement of the organs of sense, and of other parts of the system. In this point of view, it is analogous to various nervous and neuralgic complaints, which are frequently periodic in their attack.—*Monthly Journ. and Prospect Med. Sci., from Gazette des Hopitaux, Aug., 1843.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—ANÆSTHESIA—Or the employment of Chloroform and Ether in Surgery, Midwifery, etc. By J. Y. SIMPSON, M. D. F. R. S., &c., &c. 8 vo. pp. 248. Philadelphia, 1849: Lindsay & Blackiston.

The work before us, of which the above forms the title page, is from the pen of the discoverer and the champion of chloroform as an anæsthetic agent. We know not when we have given any book a more cordial welcome, or perused a medical work with as much pleasure and interest as this. We have long desired to see a work embodying all that was known on this important subject; and the facts, derived especially from European hospitals and other reliable sources, so arranged in statistical order, that when presented to the profession some judicious and safe conclusions might be arrived at, by the practitioners of medicine at large.

The volume before us is not a regularly elaborated, and scientifically arranged work, but “comprises the substance of several essays, written at different times by Dr. Simpson, of Edinburg, and published in the Medical Journals of that city, and of the verbal statements of his experience in the use of anæsthetic agents, made at the meeting of some of the medical societies of Edinburg, and reported in their proceedings.”

It is impossible, within our prescribed limits, to bestow upon this work any thing like a regular review; neither do we feel competent to do so, nor is it necessary, as it will be widely distributed through our country, and made accessible to every member of the profession. But in noticing it, we would briefly state that Dr. Simpson has divided his work into four parts. The first part is devoted to the practice of “Anæsthesia in Surgery,” and as a kind of “text,” for the first chapter he lays down the truism that “mere opinions and pre-judgments are not sufficient to settle the question of the propriety or impropriety of anæsthetic agents.” We call this proposition a *truism*, and it will, without exception, be so acknowledged. And yet, how many thousands in our profession, directly after the announcement of the powers of ether and chloroform, entertained opinions at once on the subject, took sides, and declared a war of extermination against the articles in question. The author illustrates this premature, unadvised and superstitious opposition to anæsthetics by a reference to the history of a similar opposition to the introduction of inoculation and vaccination for small-pox. In the middle of the 19th century, it seems entirely unaccountable to us how eminent divines and leading physicians *could*, but fifty years ago, entertain

the views, and adopt the language they did, respecting the simple and harmless prevention of the greatest scourge that ever afflicted the human race. It may not be out of place even here to quote a few passages from the writings of those *distinguished champions and defenders of small-pox*.

“Dr. Squirrel, p. 19, earnestly and publicly supplicated His Majesty, George the Third, to suppress the destructive practice of vaccine inoculation throughout his dominions. The anti-vaccination society called upon the public to suppress the cruel, despotic tyranny of forcing cow-pox misery on the innocent babes of the poor, a gross violation of *religion, morality, law and humanity*.’ ‘I have,’ says Dr. Mosely, ‘seen children die of the cow-pox without losing the sense of torment even in the article of death.’ Dr. Rowley exclaims—‘It is the duty of honorable men in the medical profession to alarm mankind of the impending danger of vaccination, to warn society of the multifarious evils that await them in the form of the mild catholicon of a sweetened potion that carries fatal poison in all its destructive particles.’ He gives us a frontispiece to his work, a colored portrait of a cow-poxed, ox-faced boy, with horns sprouting from his head, and in a clinical lecture on his case, observed, ‘this boy is gradually losing the human lineaments, and his countenance is rapidly transmuting into the visage of a cow.’ Mr. King, in his treatise on cow-pox, mentions ‘a lady who complained that since her daughter was inoculated, she coughs like a cow, and has *grown hairy* all over her body;’ and Mr. Blair was told, on a late excursion into the country, that the inoculation of the cow-pox was discontinued there because those who had been inoculated in that manner bellowed like bulls!!”

As is usual in the suggestions and improvements made for the benefit of humanity, so in vaccination, theological arguments were not wanting for its discouragement and discomfiture. It was denounced as a “diabolical operation, an invention of satan,” and its abettors and advocates “atheists and sorcerers.” “Small-pox,” says Dr. Rowley again, “is a visitation from God; but the cow-pox is produced by presumptuous, impious man. The former, Heaven ordained—the latter, perhaps, is a daring and profane violation of our holy religion.” And he subsequently proposed “whether vaccination be agreeable to the will and ordinances of God, as a question worthy of the consideration of the contemplative and learned ministers of the Gospel of Jesus Christ, and whether it be impious and profane thus to wrest out of the hands of the Almighty the divine dispensation of Providence.” “The projects of these vaccinators,” it was affirmed, “seem to bid bold defiance to Heaven itself—even the will of God.” Rev. E. Massey remarked in a sermon, on this subject, that “if it even were medically successful, it was not to be courted, for he believes if mankind should thus happen to

become more healthy, it would be a great chance, but they would become less righteous."

Our space will not allow of further quotations from the numerous and highly interesting extracts on this subject. We adduce these few quotations to show the character, the spirit, and source of the opposition to one of the greatest boons ever bestowed upon the human family; and as strange as it may appear, directly in the face of these fresh and disgraceful fragments of history—at the present day, with very little alteration in technical terms and phraseology, almost the same language and the same spirit is used to decry and denounce anæsthetics for the abrogation of human suffering. In this department of his work, Dr. Simpson has occupied the whole ground. He has met the objections, *all* the objections, medical and theological, creditably and manfully.

We are compelled to pass over unnoticed the second, third, fourth and fifth, and to consider the sixth chapter, in which the author discusses the question, "whether anæsthesia increases or decreases the mortality attendant upon surgical operations." It is plain that it is no easy matter, with our present knowledge on the subject, to decide this question. Dr. Simpson has realized the difficulties in this case, and has adopted the only course which could ensure authenticity to his facts and conclusions. The statements and testimony of private practitioners were very properly rejected altogether as frequently incorrect, partial, and therefore inadmissible. Forty-nine hospitals of Great Britain and France have been laid under contribution, and the result is, that all the capital operations performed without the use of anæsthetic agents, and all those with their use, within a given number of years, were reported to the author by official agents. Dr. Simpson has selected from the whole catalogue the operations for amputation of the thigh, leg, and arm *only*, "on account of their being every where performed in almost the same manner, for the same causes, under the same circumstances, and on the same class of subjects." From his own, and from the researches of Malgaigne, Lawrie and Philips, he has collected an authentic account of 2,712 operations for amputation of the thigh, leg and arm, in which anæsthetics were not used; and from the same sources, 302 amputations of the same members while the patients were in an etherized state. The totalities of all the numerous reports are summed up in the following condensed table:

TABLE OF MORTALITY OF AMPUTATION OF THE THIGH, LEG AND ARM.

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospital—Malgaigne,.....	484	273	57 in 100
Glasgow Hospital—Lawrie,.....	242	97	40 in 100
General Collection—Philips,.....	1369	487	35 in 100
British Hospitals—Simpson,.....	618	183	29 in 100
<i>Upon Patients in an Etherized state,.....</i>	302	71	23 in 100

It will be seen at a glance, *according to the foregoing table*, that many hundred lives have already been saved by a resort to anæsthesia, in the great operations of surgery. This fact is accounted for, we think, on perfectly philosophical principles, viz: that the pains and sufferings inflicted by the surgeon's knife, which contribute so largely to the constitutional shock and prostration of the vital energies, are annulled. We see no good reason why an entire abrogation of the pain of an important operation should not, *cæteris paribus*, increase the safety of the patient. Of course the *safety* of the means for extinguishing the pains is not here considered.

Were it practicable, we should be glad to ask the distinguished author one question, upon which we believe he has not enlightened us in his whole work. The question is—does not the prospect of an entire exemption from conscious suffering inflicted by the surgeon's knife, induce many patients whose cases afford the most favorable prognosis, to submit to surgical operations, who never would submit without it? or if they did, would not their submission be procrastinated to so late a period that the prognosis would be far less favorable? If this question be answered in the affirmative—is the decreased per centum of mortality of operations under anæsthetic influence entirely due to it? We think this question worthy of consideration.

The several propositions adduced, and so ably sustained by the facts and arguments of Dr. Simpson, will doubtless be tested by rigid future investigations. We have scarcely had a sufficiently large number of cases in anæsthetic surgery to enable us to decide the very important question propounded at the head of this chapter.

The author has divided the second part of his work into ten chapters, which comprehends more than one hundred pages. We have in this and in the *following* parts, incidentally, a full discussion of the subject of "Anæsthesia in Midwifery." It is not surprising that this should be the darling portion of his work, or that it should be elaborately considered, as Dr. Simpson claims, and we believe to him is awarded, the paternity of the experiment.

In the first chapter, he gives us his own experience in the use of ether in several difficult and artificial deliveries, and proves conclusively that ether is capable of annulling the pains without arresting the progress of labor. In chapter second is taken up the subject of anæsthesia in morbid and natural labors, produced by chloroform, and illustrated by the history of a large number of deeply interesting obstetrical cases, wherein the article is exhibited. Before the cases are introduced, however, the author attempts to justify the experiment by a reference to a number of extracts from standard obstetrical works, which gives most truthful and vivid descriptions of the most conclusive kind, that it is the great object of medicine to alleviate the sufferings of mankind at large. We have been so much interested in the cases adverted to, that we

believe we cannot do our readers a greater pleasure than to introduce a few of them here :

CASE I.—The patient to whom it was first exhibited had been previously delivered in the country by craniotomy, after a very long labor. Her second confinement took place two weeks before the full time. Chloroform was begun to be inhaled when the os uteri was becoming well expanded, and the pains very severe. In twenty-five minutes the child was born. The crying of the infant did not arouse the mother, nor did she awake till after the placenta was removed. She was then perfectly unaware that her child was born. She stated her sensations to be those of awaking from “a very comfortable sleep.” It was, for a time, a matter of no small difficulty to persuade her that the labor was over, and that the living child presented to her was her own.

CASE II.—I exhibited it, with Mr. Carmichael, to a patient who had, at her preceding confinement, been in severe labor for twenty hours—followed by flooding. She began the inhalation when the dilatation of the os uteri was half completed. The child was born in fifty minutes afterwards. She was kept under its influence for a quarter of an hour longer, till the placenta was removed, and the binder, body, and bed-clothes all adjusted. On awaking, she declared she had been sleeping refreshingly; and was quite unconscious that the child was born, till she suddenly heard it squalling at its first toilet in the next room. No flooding. An hour afterwards she declared she felt perfectly unfatigued, and not as if she had borne a child at all.

CASE III.—Patient unmarried. A first labor. Twins. The first child presented by the pelvis, the second with the hand and head. The chloroform was exhibited when the os uteri was fully dilated. The passages speedily became greatly relaxed, (as has happened in other cases placed under its full influence); and in a few pains the first child was born, assisted by some traction. I broke the membranes of the second, pushed up the hand, and secured the more complete presentation of the head. Three pains expelled the child. The mother was then bound up; her clothes were changed, and she was lifted into another bed. During all this time she slept on soundly, and for a full hour afterwards, the chloroform acting in this case, as in other cases of prolonged employment, as a soporific. The patient recollected nothing from the time of the first inhalations, and was in no small degree distressed when not one, but two living children were brought to her by the nurse. Dr. Christison accompanied me to this case.

CASE IV.—Primipara of full habit. When the first examination was made, the passages were rigid, and the os uteri difficult to reach. Between six and seven hours after labor began, the patient, who was complaining much, was apathized with chloroform. In about two hours afterwards, the os uteri was fully dilated, and in four hours and a half after the inhalation was begun, a large child was expelled. The placenta was removed, and the patient bound up and dressed before she was allowed to awake. This patient required an unusual quantity of chloroform; and Dr. Williamson, who remained beside her, states to me in his notes of the case—“the handkerchief was moistened often to keep up the soporific effect. On one occasion, I allowed her to emerge from this state for a short time; but on the accession of the first pain she called out so for the chloroform, that it was necessary to pacify her by giving her some immediately. In all, four ounces of chloroform were used.” Like the others, she was quite unconscious of what had gone

on during her anæsthetic state, and awoke altogether unaware that her child was born.

CASE X.—In the Maternity Hospital; first child. Labor began at 10 P. M. (21 Nov). I was desired to see her at 6 A. M. (22d). The os uteri was well dilated, but it was evident that the pelvic canal was contracted throughout, and the head was passing with unusual difficulty through the brim. The patient was complaining much of her sufferings. It was clear that it would be a very tedious, and probably at last an instrumental case, and one therefore intended to test the length of time during which chloroform might be used. She began to inhale it at a quarter past 6, A. M., and was kept under its influence till a quarter past 7, P. M., the date of her delivery, thirteen hours in all. From the time it was begun to the time delivery was completed, her cries and complaints ceased, and she slept soundly on throughout the day. The bladder required to be emptied several times with the catheter. The head passed the os uteri at 10 A. M.; during the day gradually descended through the pelvis. At 7 P. M. I at last deemed it proper to deliver her by the forceps; the head, which was now elongated and œdematous, having by that time rested for some hours against the contracted pelvic outlet with little or no advancement, the bones of the foetal cranium overlapping each other, and the foetal heart becoming less strong and distinct in its pulsations. A warm bath, irritation of the chest, &c., were necessary to excite full and perfect respiration to the infant. Whilst we were all busied with the infant the mother lost some blood; but the placenta was immediately removed, and the uterus contracted perfectly. On afterwards measuring the quantity of blood lost, it was calculated to amount to 15 or 18 ounces. The mother's clothes were changed; she was bound up and removed to a dry bed before she awoke. She had at first no idea that the child was born, and was in no respect conscious of being delivered. In fact she had been "sleeping," according to her own account, from the time she had begun the inhalation, and only thought she once or twice remembered or dreamed, that she heard Dr. Williamson, the house surgeon, speak near her. Dr. Beilby, Dr. Zeigler, &c., saw the case with me. The mother and child have continued perfectly well.

In this, as in other cases, I have watched and noted the effects of the chloroform upon the duration of the pains and of the intervals, the rate of the foetal and maternal pulse," &c.

The third and fourth chapters are occupied in "answering religious objections advanced against the employment of anæsthetic agents in midwifery and surgery"!!! Or, in other words, Dr. Simpson has, seriously, zealously, and in good faith, occupied twenty pages in attempting to meet the *religious* objections advanced against the employment of *any means* for the relief or abrogation of the pains and perils of child-birth. We must confess that the perusal of this portion of the work filled our minds with regret and amazement; and we could indulge a wish, for the credit of the book and its author, that these chapters had been omitted altogether. If anæsthesia prove as great a blessing to the human family as he predicts, we apprehend Dr. Simpson himself may see the day when his arguments for the overthrow of his *religious* (?) antagonists will be looked upon as literary curiosities, equally ridiculous and out of place with the religious objections themselves, urged with so

much vehemence against the employment of vaccination. Suppose, for instance, that some prominent medical man, in the days of immortal Jenner, having at heart the honor of his profession, and the general good of his species, had stood forth to defend vaccination, (which saves at least 100,000 of our race annually,) upon biblical grounds; and suppose, which we think would be extremely difficult, it be proved, that vaccination is in accordance with Scripture, and consequently that it is right to use this, or any other means, to stay the tide of the pestilential curse that sweeps off such a large proportion of our race: Or suppose, if you please, that when a goodly portion of the dissenting clergy of Scotland, one hundred years ago, united as one man, at home and abroad, in private and in the pulpit, to denounce and to excommunicate from church fellowship the inventors and users of the common *fanning-mill*, so useful in winnowing the chaff from the wheat—and when their champions adduced the all-powerful and overwhelming argument that “wind was to be raised by God only, and that it was irreligious in man to attempt to raise what might be styled the *devil's wind* for himself, and by efforts of his own;” we say that while this persecution was going forward, at the expense of the devoted inventors and workers of fanning mills, or raisers of the “devils's wind,” suppose some gifted, impious liberalist had written a book in defence of fanning mills, and their proprietors: We should look upon their works as works of supererogation, and their authors as well-meaning, misguided zealots, engaged in causes entirely unworthy of their talents.

But we have already exceeded our limits, and must hasten to the close. The subjects of “the early history of anæsthetic agents in midwifery, results of its use in obstetric practice, mode of exhibiting chloroform, dose,” &c., the “alleged difficulties in the superinduction of anæsthesia. &c., &c., are discussed at length, and with the author's usual clearness, in the remaining six chapters of the second part.

The third part is divided into four chapters, and treats “of the nature and powers of various anæsthetic agents.” Ether, chloroform, chloride of hydro-carbon, nitrate of ethyle, aldehyde and bisulphuret of carbon were all experimented upon by Dr. Simpson and his friends. The last four are considered unsuitable for anæsthetic purposes, and decided preference is awarded to chloroform for the same objects in all cases.

Part fourth gives us the author's experiments in local anæsthesia, but from his own showing, they proved, so far as the human subject is concerned, an entire failure. The work is closed with a letter in “answer to the objections to anæsthesia in midwifery, adduced by Prof. Meigs, of Philadelphia.” We have only to say, in reference to this correspondence—if the author has fairly represented the arguments of Dr. Meigs, unless we can raise a stronger and more successful antagonist, the American profession will be altogether the loser by the discussion.

In conclusion, we have only to remark that we take pleasure in commending this work to the notice of all those who desire more light on the much talked of, but little understood, subject of anæsthesia. There are a few imperfections in the arrangement of the subjects, and in consequence of its being made up of Dr. Simpson's several papers, written at different dates, there are occasional repetitions of the same facts and arguments; but on the whole, the work is written in a clear, vigorous, and pleasing style. It bears the marks of erudition and industry, and affords every evidence of being the production of a master hand. The mechanical execution of the book is neat, in good taste, and highly creditable to the publishers. No medical library should be without it. The work is for sale at Whiting and Huntington's, Columbus, O.

R. L. H.

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- 2.—HUMAN ANATOMY. By JONES QUAIN, M. D. Edited by RICHARD QUAIN, F. R. S., and WILLIAM SHARPEY, M. D., F. R. S., (Professor of Anatomy and Physiology in University College, London.) First American, from the fifth London edition; edited by JOSEPH LEIDY, M. D. In 2 vols., with over five hundred illustrations. Philadelphia. Lea & Blanchard. 1849.

The above is the title of a work just issued from the press, the mere announcement of which is sufficient to place it in high favor with the profession.

The Anatomical works of Dr. Jones Quain have long maintained an enviable distinction, both in Europe and America. His descriptive powers and method of treating his subject, has, in itself, something really fascinating, when compared with the tedious verbose description of some authors we could name.

The great number of important discoveries which have been made in every department of general and special Anatomy, rendered it necessary to re-arrange the last edition of his work, and also, to add a large amount of new matter. This has been most happily accomplished by Mr. Richard Quain and Prof. Sharpey, the last of whom is eminent in his profession from his laborious and successful investigations in general Anatomy and Physiology, and his celebrity as a teacher.

From the advertisement, as well as from the work itself, we learn that 'the whole of the section on *general Anatomy* has been re-written.—The descriptive Anatomy of the osseous system has undergone various alterations, and some portions, including those which treat of the formation and growth of the several bones of the skeleton, belong exclusively to this edition. The description of the articulations have been subjected to a complete revisal.'

Under the head of the muscular and vascular systems, many additions have been made, and much of the old matter re-arranged.

Taking it altogether, it certainly is one of the best works in the English language.

The American editor and publishers, deserve the highest credit, and are entitled to the thanks of the profession for the beautiful and accurate manner in which the work is executed—a style that is rarely equalled, and never surpassed by the English press. We warmly recommend it to every member of the profession.

J. P. J.

3.—PARTURITION: And the Principles and Practice of Obstetrics. By W. TYLER SMITH, M. D. London, &c. 8 vo. pp. 395. 1849. Lea & Blanchard.

To those who desire to read a *new book* in Obstetric medicine, filled with *new things*, we would commend the one before us of which the above is the title. It is the production of a master hand, and contains a vast collection of facts comparatively new to the profession with deductions drawn from and based upon them which are characterized by unusual originality.

He who undertakes to navigate unfrequented rivers or unknown waters, engages in a noble enterprise, but he must expect to encounter rocks, quicksands and *snags*, to avoid which, he must ever exercise all the skill that belongs to the sailor. So in medicine. He who breaks away from the shackles of authority, departs from the beaten track of experience and launches into unexplored regions, jeopardizes what is of more value than life. He must expect “to have his work tried of whatever sort it be.” If he return after a dangerous voyage laden with valuable and hitherto undiscovered truth however much enveloped in the dross and rubbish of error, he has rendered the world a debtor, and deserves all the good it has to bestow.

We do not pretend to decide upon the authenticity of the author's facts in his system of “Reflex Obstetrics,” or the logic of the deductions from his own and the premises of others. We leave this matter entirely to the profession, by whom he is to be judged. We can only remark here, that his work contains much that is novel and will amply repay any physician who will give it a thorough perusal.

Respecting the mechanical execution of the work, we have only to add that it was published by Lea & Blanchard.

R. L. H.

4.—CHOLERA: Its Causes, Symptoms and Treatment; Considered and Explained. By J. P. BATCHELDER, M. D., of New York City, pp. 45. 1849. From the Author.

In this little treatise, Dr. Batchelder, one of the oldest and most devoted members of the New York profession, has elaborated his views of Cholera in a logical and systematic manner. All its phenomena—simple and complicated, are explained in accordance with his pre-established

theories of physiological and morbid action. While we cannot adopt *all* the premises and conclusions of the author respecting the nature and treatment of Cholera, we accord to him the credit of producing a work on this important subject replete with sound argument and originality; and for much that is instructive and valuable, we commend it to the favorable consideration of the profession.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, SEPTEMBER, 1, 1849.

CHOLERA IN COLUMBUS.—In our last No. we alluded to the appearance of cholera in our city, stating then that the first unequivocal case occurred on the 21st of June. Before that time we had the usual presages that herald its approach; an unusual prevalence of diarrhœa, with irritability of stomach, abdominal pains, &c., almost all attacks of other diseases were complicated with these symptoms. Those who had usually suffered from obstinate constipation, were relieved by a degree of regularity, altogether unusual, while many afflicted with chronic diarrhœa found it almost impossible to control it by the usual means. The first ten or twelve fatal cases followed each other in quite rapid succession, and all originated near the same locality. After the first week, it spread from this point to other parts of the city, not seeming to dwell at any one locality in preference to others. About the 30th of June, it appeared in the State Prison, and very soon put on a most malignant and fatal form, and spread with the greatest rapidity. But inasmuch as we hope to obtain from some of the medical gentlemen engaged in its treatment, a more complete and correct account than we are able to give, we shall not go into any details, only giving the following statistics.

It continued as a malignant epidemic from that date until near the 24th of July, and then rapidly subsided—the cases since being apparently sporadic—the result of neglected premonitory symptoms, &c. At the time of the first appearance, there were in the prison 423 convicts, and of this number 396 were treated for cholera, or its early symptoms during the nine subsequent days, during which there were only 22 deaths, and some of these were relapses. But from this date there was such an overwhelming invasion of the disease that additional medical aid was called in, and after this a large proportion of the attacks were first and second relapses, and a *very* large majority of the deaths were from this class of cases. Of the treatment and other particulars, we have not sufficiently accurate details to give any report at this time, but hope for these from some one of the medical gentlemen in attendance.

The total number of deaths was 118, and the greatest per diem fatality 23. Since that time it has prevailed with more or less severity in our city, varying from time to time in the number of attacks, in mortality, and in some particular features of the disease, making its duration up to this date, (when it seems to be disappearing,) near 16 weeks.

Contrary to what has been the experience in many other places, it did not, in its early history prevail among our poorer German and other foreign population, whose habits are supposed to offer but little protection against its invasion, but spread indiscriminately over the city for the first six or seven weeks succeeding its appearance, then upon the return of clear pleasant weather and a dry atmosphere, it subsided; and hopes were entertained that we should soon be clear; as a consequence of this respite there was evidently among a portion of our population a much greater license allowed in the use of objectional diet. Unfavorable weather succeeding, we again had cholera; but it now made its appearance among the Germans of the lower part of the city, where it has prevailed almost entirely from that time to this, and with a much greater mortality than before. Almost one-half of the deaths in the city proper, has occurred during this time and among this population. These cases were generally neglected until alarming, and in some instances fatal symptoms had made their appearance, and then medical aid was invoked in vain.

The entire number of deaths in the city, exclusive of those in the State Prison, up to this date, is about 190. Of the number of attacks of unequivocal cholera, we have no means of ascertaining with any degree of accuracy. We have endeavored to approximate by inquiries of our physicians, and then making a liberal deduction from even the lowest estimate, made by those who have seen most of the epidemic, we certainly have not had, we think, less than 600 cases of well defined cholera; and in this estimate we consider that the most unobjectionable symptom by which to characterize the disease, is the *rice water-discharges*.

We do not think it proper to include all cases of diarrhœa with or without abdominal pains under the head of cholera, not even could we be assured that if neglected they would certainly terminate in well defined attacks of this disease. Many other symptoms of ill-health during the prevalence of the epidemic, might terminate in a similar way, if they received no attention, but could not be considered cholera; those symptoms that usually precede an attack of any disease, may sometimes occur and pass away without resulting in an attack.

We think every case where the symptom of *rice-water discharge* is present, may be accounted cholera without hesitation, while we might add to this number those cases marked with the light colored milky discharges, that any practitioner familiar with the disease will at once recognize as preceding the rice-water, but which are in some instances checked at this stage. The accompanying symptoms of muscular lan-

guor, indifference to danger, the rumbling in the bowels, &c., were the spasmodic action was not present, will mark the case as sufficiently distinct to be with propriety included under the head of cholera. With these restrictions, we feel safe in our estimate of the number of attacks, though below that of a majority of our practitioners.

There is one subject of congratulation, in which we are assured we have the sympathy of the citizens of our whole State, we mean the exemption of our three great State charities, the Lunatic—Deaf and Dumb Asylums, and the Institution for the Blind. While our neighbors of Kentucky were so severely afflicted in the severe attack occurring in the Lunatic Asylum, we were permitted to go untouched.

This happy result in all our institutions, is no doubt in part owing to the great care taken to preserve cleanliness in the persons of the inmates and about the buildings, and in the selection and preparation of the most appropriate diet. To this is to be added the wise precaution of disbanding the pupils in the Deaf and Dumb Asylum and the Institution for the Blind, as soon as the cholera established itself as an epidemic.

General Treatment.—Previous to the outbreak of cholera, our citizens and physicians had been expecting it with so much certainty that there was a degree of preparation for it, in the usual sanitary regulations, in the restricted and well selected diet, and other means tending to the preservation of health, which, we doubt not, had its influence in diminishing the amount of mortality, as well as the number of attacks. A number of our physicians had the advantages of a former experience, while all had participated in the exceedingly interesting and valuable interchange of opinion, and practice afforded by the then late meeting of the Ohio Medical Convention in our city. From this and other causes, we think there had been a great uniformity in the general practice adopted during the prevalence of the epidemic, though a great variety in the details of prescription for carrying out the main indications.

The objects to be attained in the administration of remedies being to sustain the vital energies, under the powerfully depressing influence of the attack, and at as early a period as possible to restore those functions that had been interrupted by its violence, the chief means used has been the most active stimulents, with opium, either combined with or soon followed by mercurials. But few if any of our practitioners have depended upon one of these classes of remedies to the exclusion of the other. The articles found most successful have been opium, given with the double intention of controlling discharges and relieving pain, combined with camphor, capsicum, aromatic powder, ginger and brandy, calomel with or without the opium, usually with it in the earlier administrations, and in very different doses, according to the condition of the patient, or the ideas of the practitioner. In many cases large doses were given in the early stage, and then followed at intervals of from one to three hours with two to four grains, and continued until the discharges were arrested,

or a decided change in the character of the secretions occurred. To secure an early check to the discharges, astringents were in many instances used very successfully, sometimes as injections, combined with anodynes, at other times with anti-nauseants, as ether, paragoric, &c.

In quite a number of cases, both in the city, and in the prison, Ayres' plan of treatment was instituted with success. This consists in administering one grain doses of calomel with one drop of laudanum, every five minutes where there is so much disturbance of the stomach that larger doses will not be retained. In a very large majority of cases, the vomiting was arrested, and in many healthy secretory action re-established.

But inasmuch as the treatment pursued does not differ in any material point from that adopted by a large majority of the best practitioners both in this country and Europe, we shall not go into any further detail.

Believing that there are no specifics for cholera, that plan best adapted to the particular case, was selected and varied according to circumstances, and we feel assured that in our city the results of practice have been rewarded with a success highly gratifying.

Cincinnati Homœopathy, under Allopathic Treatment.—The following candid and fearless *expose* of Homœopathic knavery, as practised by the apostles of that system in Cincinnati, is taken from the columns of the "Methodist Expositor," of that city. It is from the pen of its talented Editor, Dr. Latta, who has in this communication done essential service to the cause of humanity, and for the bold stand he has taken against that species of quackery, deserves the thanks of the entire profession. It will be read with the deepest interest.

HOMŒOPATHIC TRUMPET—AN UNCERTAIN SOUND.

"If the trumpet give an *uncertain* sound, who shall prepare himself to the battle."

In ancient times, the trumpet was employed for a few important purposes only. The Lord commanded Moses to make two trumpets of beaten silver, to call the people together, when about to decamp: see Numbers, chap. x. They were also used to proclaim the beginning of the civil and Sabbatical years, and the commencement of the year of jubilee: Leviticus, chap. xxv.

At first there were but two trumpets; but in after times they were greatly multiplied. In the days of Joshua there were seven trumpets. At the dedication of Solomon's temple, six score priests sounded as many trumpets. At still later periods they have been employed for war purposes. While in modern times, it seems, dinner horns and common newspapers have been substituted, for the purpose of claiming public attention. And, indeed, many of our own day have become their own trumpeters, making, often, very uncertain sounds. As a remarkable instance of this sort, we invite attention to an extract from the bulletin of Doctors J. H. Pulte and B. Ehrmann, of this city, that appeared in the Daily Times of the 13th inst., which is certainly the loudest blast of the trumpet that has been sounded since the falling of the walls of Jericho,

where ramshorns were employed. Indeed, it is possible that this scripture incident had a powerful influence on these Homœopathic gentlemen, in the selection of a trumpet, as a medium of communication; but still we fear that their trumpet has given an uncertain sound. Their reports of cholera and of cures are so extravagant, that few are disposed to believe them, while thousands in this community unhesitatingly pronounce them false.

The following is the extract from their report:

"We have treated," say Drs. Pulte and Ehrmann, "from the 1st May to the 1st August, inst., 1,116 cholera patients, of which 538 exhibited the symptoms of vomiting, diarrhœa, and cramps, including a great many, from 60 to 70, in deep state of collapse—the balance, 578, had the symptoms of vomiting and rice-water discharges, and were prevented from running into a higher stage of the disease by early applications of the proper medicines.

"Of the collapsed cases, a great many were cured, the success depending upon the medicines given in the early stages. In those improperly treated, by opiates particularly, our success was difficult; but in cases where the patient was treated at first, by camphor alone, or where he went immediately into collapse, after being attacked, the result was very favorable.

"Of the 1,116 Cholera patients, 474 were Americans, and 642 Germans, including a few Irish; the mortality of the whole number was 35, of which 2 were Americans and 33 Germans. Of the latter not one-half should have died, but from their carelessness of diet, and want of knowledge of the insidious character of this disease. We counted among those who died, all which we had attended ourselves, even if we were called at too late a time to be of real use.

"Besides the above 1,116 Cholera patients, we treated, during the same time, 1,350 cases of a mixed character, mostly diarrhœas with rumbling in the bowels (cholerina), and toward the close of the epidemic, a great number of dysenteries, some of which were of a very malignant character (we lost none of them however), also a good many nervous fever with typhoid tendency.

"To verify the above statement, we have made out a complete list of all the cholera cases, with names and dates, for reference at any time when required.

"The principal remedy used in the begining of cholera was camphora, the tincture of which was prepared in the proportion of one part of the gum to six parts of alcohol, as advised by Hahnemann himself, who first recommended this remedy in 1829. The dose in which it was applied, was equal to one or two drops every five minutes, for one or one and a half hour, until profuse perspiration ensued. During this time, the patient had to be well covered, and in most cases the camphor alone produced a complete cure without the help of any other remedies.

"If, however, it did not, because the second stage of the disease had appeared, veratrum and cuprum were used, especially against cramps, also scale cornatum (ergot), particularly in elderly individuals; and in cases of collapse, carbo (vegetabilis coal) and arsenicum, the two latter in the 30th dilution."

In noticing the above, we do not design to discuss the merits of Homœopathy as a system of practice. This is not the province of a religious Journal. It is the moral and the propriety of the report with which we have to do. Professional men, above all others, are expected to conform to the rules of propriety, and morality, and in both of these respects

we think the above is a fault. First, it is undignified and unprofessional to appear in the public prints in praise of one's self, and a regular physician who would do it, would not be respected or recognized by the profession. It is a method adopted by quacks, and nostrum sellers, and has always been looked upon with contempt by professional men. And to say no more, it is so immodest that we doubt whether an American could make a report of this sort, without incurring the universal disapprobation of the community; and it has yet to be tested whether the community will tolerate this kind of outrage upon the rules of propriety, even by foreigners—Germans, who, for the sake of gain, thus rudely attempt to sound their own trumpet in the public ear.

We object to the above report of Drs. Pulte and Ehrmann, secondly, because it is immoral.

First. They profess to have been practicing homœopathy, for the cure of cholera and other diseases, when in fact, according to their own showing, they have adopted allopathic treatment universally. The principal remedy employed, according to their own statement, was the strongest tincture of camphor in a dose of one or two drops every five minutes; and in some instances, we have known the homœopathists to administer from three to five drops every three minutes, which was equal to from fifteen to twenty grains of camphor every hour. Now it is known to every regular physician that this is a total abandonment of the principles of homœopathy.

"*Similia similibus curantur:*" that which will produce the disease will cure it, is the great fundamental principle upon which the system is founded. Had they acted in harmony with this pretension, they would have given to their cholera patients something which would have produced purging and vomiting, such as ipecac, tartar emetic, etc. But alas, instead of this we find them employing camphor, and that too in larger doses than it is administered by most of their allopathic neighbors. But who, we ask, ever heard that camphor was emetic and cathartic.

The infinitesimal doses, as well as the fundamental principle, according to the showing of Drs. Pulte and Ehrmann, have been abandoned, and yet they ascribe their cures to homœopathy. We doubt whether they will succeed in gulling the intelligent in community much longer by a system of quackery so palpably absurd—so grossly immoral. We have no doubt that camphor, administered in ten or twenty grain doses, would secure a reasonable share of success, whether employed by homœopathic or allopathic practitioners. It is known to community, that regular physicians have always relied upon the use of camphor in this disease to a great extent, in much smaller doses than those prescribed by the Homœopathists, and hence if the latter have been successful, it is obviously, (if their own statements can be relied upon) by the use of allopathic remedies, and not by infinitesimal doses of medicines, as they would have it understood. These gentlemen seem to have abandoned Hahnemann's theory, that "the hair of the dog would cure the bite."

It is grossly immoral, we think, to practice such a deception upon community. We have long believed that homœopathic doctors were practicing allopathy in disguise—employing the "sampsons" of the system, such as calomel, corrosive sublimate, arsenic, camphor, belladonna, pulsatilla, and many other powerful articles, in full doses—but now we have proof which sets the question forever at rest.

It is also notorious, that during the progress of the cholera, these gentlemen homœopathists have been equally unfortunate with the regulars, in producing salivation, and of this we shall furnish proof whenever

called for. Calomel, it may be, was not the agent generally employed : corrosive sublimate being a more powerful agent, and capable of solution, was preferred, and this we have found at the bedside of the sick, more than once during the prevalence of the epidemic in this city.

Heretofore we have been disposed to pity rather than censure some of those engaged in the practice of homœopathy, believing them the dupes of a theory the most ridiculously absurd; but to our surprise and mortification, we find that we, rather than they, were duped by the false pretensions of those who practice it. For, instead of giving infinitesimal doses of medicines, as we supposed, which would produce the disease for which they were prescribed, we find them adopting the very same treatment employed by the regular profession. In this, we confess, we have been prodigiously gulled by these pretenders, and most cheerfully award to them a degree of cunning more than equal to the moral of the transaction.

Second. We object to the report of Drs. Pulte and Ehrmann, because it is immoral in its statement of facts. They affirm that they have treated four hundred and seventy-four cases of cholera among Americans since the first of May, and that but two out of the whole number have died. If this were true, as above remarked, the glory would not redound to homœopathy, as these gentlemen would have it, but to allopathy—to regular remedies, in full doses, as they themselves have made manifest in the report now under consideration. But alas for both systems, the report is not true.

We know not what number of cases they may have had; but that more have died than are reported by these gentlemen is absolutely certain.—In the range of our own observation and acquaintance, not less than nine, instead of two Americans are reported to have died in their hands, which is probably not the one-tenth of the whole number they have lost. In making this statement, we speak advisedly, in that we have had these cases reported to us by responsible individuals, giving the names and residences of the Americans who have died under their treatment, whose names and residences will be given, if this statement should be contradicted by the parties concerned.

Now, if these homœopathic doctors are so inaccurate in their reports of cures, what reliance can be placed upon their statements in any case in which their interests are involved? Who can believe their representations either with respect to their mode of treatment or their success?

We can scarcely conceive of a higher degree of immorality than that of deceiving community, with respect to the best means of preserving their health and their lives, and yet this seems to have been the part acted by these homœopathic doctors.

We regret exceedingly that we are called upon to make this *expose*; but, as a public journalist, we feel that we could not do otherwise, without a criminal neglect of duty. For if nine cases have come within the range of our own observation, and those with whom we are associated, it is fair to conclude that the mortality attending the practice of these gentlemen is ten if not twenty times as great as they have reported it.—But as we are not personally cognizant of all the facts stated, and as it is impossible that some mistakes may have been made by our reporters, we shall most cheerfully permit the said Drs. Pulte and Ehrmann to be heard in self-defence in our columns, with respect to any fact stated in this article.

The God whom we serve knows that we would not do them injustice in any respect, and we are therefore willing to allow them the privilege

proposed above, at the same time assuring them, and all others, that if subsequent events or facts should prove that we are in error, we will most cheerfully correct it.

Meanwhile we shall expect to learn more as to the results of their practice, both as it respects Americans and Germans, which it may not be necessary to publish should our present statement not be contradicted. But in the event of contradiction, either directly or indirectly, we assure all concerned, that the names and residences of those who have been alluded to, as having died under their treatment, will be forthcoming, with the names and residences of all others who may be reported hereafter.

Thus far the medical profession have kept silent; but really this last attempt of the homœopathists and others, to make them responsible for the thousands who have died during the epidemic, is beyond endurance; when in truth their accusers, of all others, have been least successful, especially the homœopathists, who have been crippled in the use of regular allopathic means, by attempting to conceal them.

We have reported above, nine cases of American patients who have died in their hands, on what we conceive to be reliable authority, while, in fact, we have no doubt ninety-nine Americans and more have fallen victims to the cupidity of these distinguished homœopathists, while hundreds, if not thousands, of Germans have perished by relying upon two and a half and five dollar boxes of cholera preventives, which these gentlemen induced them to believe would be all that was needed to save them from its ravages. But of this we may have occasion to speak hereafter.

TRIBUTE TO THE MEDICAL PROFESSION.—We find the following well merited tribute to the character of the medical profession in the last number of our valued cotemporary, the "Buffalo Medical Journal," taken originally from the Richmond, (Va.,) Republican. We doubt not that the tribute is richly deserved by the physicians both of Richmond and Buffalo, as well as those of every other city, town and country within our Union. During the prevalence of any pestilential calamity, whether contagious or otherwise, we have yet to see or *hear* of the city or community where the physician was not ready to take his life in one hand and his professional paraphernalia in the other, and to stand "between the living and the dead," regardless of the dangers around him. Newspaper "puffs" and laudations of surgical operations, and individual exploits, are extremely unpalatable to every honorable physician; but we highly appreciate and approve such spontaneous showings of admiration and gratitude as are found in the following:

Physicians.—We cannot observe, without the strongest admiration, the conduct of the physicians of Richmond during the present epidemic, and we cannot forbear from publicly expressing that admiration, however feeble may be the language in which we endeavor to convey our feelings. We do not claim for our physicians greater devotion than is manifested by their profession in other cities, but we claim for the profession here, and every where, that it is one of the noblest professions on the face of the earth. It is only at times like these that we fully realize the excellence of these true-hearted sons of science, these heroic men,

in comparison with whose calm courage the fiery valor of the soldier shrinks into utter insignificance. A period of ordinary health is to the physician like a time of peace to the soldier, but the visitation of the epidemic, is the war in which he goes forth to the front of the battle, and to the struggle with death, that he may save the lives of others, and perhaps perish himself in saving them. Yet we hear many say that physicians are paid for their services! And are not all other physicians paid? Are not the soldier and the sailor paid? Were not Jackson and Taylor, Perry and Decatur, paid for their services? No. A grateful country placed a wreath of immortal glory upon their brows, far more valuable than gold; a wreath which the faithful physician deserves equally with a Napoleon or Wellington.

Look at the conduct of our physicians here. See them, old and young, pressing forward like a band of chivalrous brothers to the relief of suffering humanity. There is no hovel so poor, so loathsome, so reeking with the foul breath of the pestilence, in which those messengers of mercy have not been found standing by the bedside of the most miserable and destitute wretch in the community, no matter what his color, and exhausting all the resources of medical skill for his relief. In cases like these there could have been no remuneration. None was expected. But that mattered not. Life was at stake, and as rapidly as others would fly from the danger, have our physicians hurried to it, to save their fellow men.

Listen in the dark night, and at all hours, you hear them driving by in hot haste to the help of some victim of the pestilence. Sleep is a rare thing to them. Sometimes they obtain two or three hours of rest, and then are aroused again to their exhausting duties. Sometimes night after night passes without their obtaining a minute of repose. Contagion they laugh at. The fatigue that exposes them to the epidemic they scorn. With a glorious enthusiasm they devote themselves to the benefit of their fellow men. We have heard of deeds of generosity on the part of physicians, we have known facts illustrating their nobility of nature, which we cannot publish, but we could not forget, if we should live a hundred centuries, deeds which must surely receive the approbation of the Great Physician of souls, and be remembered at that decisive hour when the declaration, "For I was hungered, and ye gave me meat: I was thirsty, and ye gave me drink: I was a stranger, and ye took me in: naked, and ye clothed me: I was sick, and ye visited me," shall send unspeakable joy to every pure and benevolent heart.

"Honor to whom honor is due." This is a feeble tribute, but it expresses in faint terms what thousands strongly feel.

IMPORTATION OF ADULTERATED DRUGS.—M. J. Baily, M. D., special examiner of that class of merchandize in the United States customs at the port of New York, has made a very interesting and elaborate report on the importation of adulterated drugs to the President of the New York Academy of Medicine. The report was published in the N. Y. Journal of Medicine, and occupies seventeen of its pages. Its length excludes it from the present number of our Journal, but the importance of the subject inclines us to make the following extract, to show our readers something of the operation and results of that most humane and beneficent law which was originated and carried through Congress mainly

through the instrumentality of our worthy and talented fellow-citizen, Dr. T. O. Edwards, of Lancaster :

The law took effect at this port on the 12th of July, 1848; and the following is a list of the more prominent articles of drugs and medicines, with the quantities and place whence imported annexed, which I have, during the months named, rejected under its provisions, to wit :

July, 1848,	7,581 lbs.	Rhubarb root,	from Canton.
August,	750 lbs.	Opium,	do. Marseilles.
do.	2,940 lbs.	Jalap root,	do. Tampico.
do.	2,249 lbs.	Rhubarb root,	do. London.
September,	646 lbs.	do. do.	do. do.
do.	1,414 lbs.	Gamboge,	do. do.
do.	545 lbs.	Rhubarb,	do. Hamburg.
do.	1,400 lbs.	Senna,	do. Leghorn.
do.	2,900 lbs.	Spurious Yellow Bark,	do. Bordeaux.
September,	875 lbs.	Rhubarb,	do. Canton.
do.	758 lbs.	Opium,	do. London.
do.	1,783 oz.	Iodine,	do. do.
do.	1,975 lbs.	Rhubarb,	do. Marseilles.
do.	4,275 lbs.	Jalap,	do. Vera Cruz.
October,	788 lbs.	Rhubarb,	do. London.
do.	227 lbs.	Myrrh,	do. do.
do.	13,120 lbs.	Spurious Yellow Bark,	do. Maracaibo.
do.	1,875 lbs.	do. do. do.	do. Bordeaux.
November,	412 lbs.	Myrrh,	do. London.
do.	1,280 lbs.	Iodine,	do. Glasgow.
do.	860 lbs.	Opium,	do. Smyrna.
do.	185 lbs.	Rhubarb,	do. London.
December,	156 lbs.	Opium,	do. do.
do.	1,065 lbs.	Myrrh,	do. do.
do.	12,800 lbs.	Spurious Yellow Bark,	do. Santa Martha.
do.	392 lbs.	Jalap,	do. Vera Cruz.
January, '49,	1,300 lbs.	Pectoral Paste,	do. San Juan.
do.	2,071 lbs.	Rhubarb,	do. London.
do.	3,550 lbs.	Jalap,	do. Havana.
do.	1,930 lbs.	Spurious Bark,	do. Antwerp.
February,	974 lbs.	Rhubarb,	do. London.
do.	1,992 lbs.	Iodine,	do. do.
March,	1,104 oz.	Croton Oil,	do. do.
do.	4,894 lbs.	Senna,	do. do.
do.	1,345 lbs.	Spurious Bark,	do. do.
do.	404 lbs.	Opium,	do. do.
do.	1,150 lbs.	Valerian root,	do. Paris.
April,	425 lbs.	Opium,	do. London.
do.	1,273 lbs.	Myrrh,	do. do.
do.	550 lbs.	Jalap,	do. Vera Cruz.
do.	816 lbs.	do.	do. Tampico.
do.	1,450 lbs.	Sarsaparilla,	do. do.
do.	600 lbs.	Spurious Bark,	do. Barranquilla.

Together with smaller quantities of various articles which have been rejected from time to time, but which it is not necessary to enumerate here—making the entire amount, some 90,000 lbs. of various drugs, &c., which have, up to the present time, been refused.

[Palmer's Artificial Leg.]—Among the improvements that have been made in the mechanic arts, there is none of recent origin that reflects more credit upon its author than that of Palmer's artificial leg. His invention is beyond a doubt vastly superior to any that has preceded it, either in Europe or America; indeed, so perfect is its adaptation to the purpose for which it was intended, there seems to be no room left for improvement. It differs so widely from all others that have gone before it, in its mechanism, and particularly in the construction of its joints, as to entitle it to the name of an invention rather than an improvement. Its superiority consists, first, in its being lighter, at the same time that it has sufficient strength and durability. Second, in the more easy and perfect play of the joints, which, together with its natural spring or elasticity—another quality it possesses in distinction from all others—enables the wearer to walk with ease and freedom, and gives to the foot and leg the same motions as those of the natural limb. And lastly, in its superior workmanship. His model, which is a fac simile of those he manufactures to order, so nearly resembles the natural limb in appearance, in the symmetry of its form, in the natural contour and perfect play of the joints, and in its life-like motions when in use, that those who have lost an upper extremity have applied to him to furnish them with an artificial hand and arm, and after examining his model we were not surprised to learn that he is having constant applications of this sort.

Mr. Palmer himself, who wears a leg of his own construction, with an artificial joint at the knee, is enabled to walk without halting, and in a manner which would lead no one unacquainted with the fact to suspect that he was not walking upon a sound natural limb.

The firm of B. F. Palmer & Co., for the manufacture of these limbs, has recently been removed from Meredith, N. H., to this town, which enables us to testify to the entire satisfaction they have given to several individuals who have just been supplied from this establishment, on some of whom amputation had been performed above, and on others below, the knee. They all testify to the ease with which they are worn, by which they are enabled, after having worn them for a short time, to walk several miles in succession without pain or inconvenience.

It is for the benefit of those who have had the misfortune to lose a leg, not less than for the encouragement of the inventor and the manufacturers, who are deserving of their patronage, and who we regard as their greatest benefactors, that we make these statements.

JEFFERSON CHURCH, M. D., JAS. M. SMITH, M. D., N. ADAMS, M. D.,

ALFRED LAMBERT, M. D., EDWIN SEEGAR, M. D., R. G. W. ENGLISH,
M. D., O. C. CHAFFEE, M. D.

Springfield, June 15, 1849.

[*Boston Medical Journal.*]

HOMŒOPATHS—ECLECTICS—NEGRO AND INDIAN DOCTORS.—A distinguished physician of Cincinnati, informs us that, "Early in the history of our epidemic, the Homœopaths and Eclectics came out in the papers with the announcement of 300 cases of cholera each, and not above one death; and in faithful imitation of these leaders of their tribe, a negro doctor and an Indian doctor followed with upwards of 200. "No deaths."—This week they are both out again—the Homœopaths over 1500—the Eclectics over 1500 cases—but few deaths. The Eclectics have beaten the Homœopaths according to their statements. How the Negro and Indian will compare notes with them, we cannot say, but it is to be presumed, that their success will not suffer by comparison."

INVERSION OF THE VISCERA.—There is, in this city, a very rare anatomical preparation similar to that described above. It belongs to our friend, Dr. C. S. Trimble, of Chillicothe, who, with great care and labor, prepared it some years since in Cincinnati. Recently he generously placed it in the hands of Professor Howard for the benefit of the Starling Medical College. The heart and the aorta are upon the right side—the liver on the left—the stomach and spleen on the right—the cæcum on the left, &c. The viscera above mentioned, together with the arteries, veins, nerves and muscles, are in a beautiful state of preservation.—Those who have the curiosity to observe such “freaks of nature,” can examine this specimen at their pleasure, by calling at the office of Dr. Howard.

On a Case of Abnormal Position of the Viscera. By G. I. KNIGHT, Esq., Abingdom.—Thomas W—, aged eighty-six, died suddenly, October 20th, 1848.

Post-mortem, Oct. 21st. On opening the throat the heart was found much more to the right side than usual, the apex being opposite the middle of the sternum, or, perhaps, even rather to the right side of it. The heart itself was very large and flabby, and the valves partially ossified. Lungs, posteriorly, very much gorged with blood, approaching the state termed apoplexy of the lung; otherwise quite healthy. The liver quite healthy, placed in a position exactly the reverse of natural, the larger lobe, with the gall-bladder in front of it, occupying the left hypochondrium, while the spleen was in the right. The cæcum, with its appendix vermiformis, was situated in the left iliac fossa, while the sigmoid flexure of the colon occupied the right. The viscera healthy, excepting that there existed several cysts containing a pellucid albuminous fluid; one, about the size of a small walnut, in the left kidney; two on the under surface of the liver, and a small one in the right kidney.

The individual in whom this unusual position of the viscera was found had reached the advanced age of eighty-six, and had been a remarkably powerful man in his youth, as I learned from himself and some others who had known him for many years.—*London Lancet*.

“TO THE MEDICAL PROFESSION OF OHIO.”—The foregoing is the title of an elaborate and able paper from the pen of J. M. Bigelow, M. D., of Lancaster, on the medical Botany of Ohio. At the last sitting of the Ohio State Medical Society, Dr. Bigelow was appointed “chairman of the committee on Materia Medica and Botany of Ohio,” with the privilege of selecting his own associates. The object of issuing this paper under the title of an address and of giving it as wide a circulation as possible in the profession, is to afford an opportunity to every physician in the State to co-operate in the making up of his report to the next meeting of the Society. We have given the paper a partial examination, and we are greatly mistaken if it does not prove a most valuable addition to the medical literature of our State and country, and redound to the honor of its author, who is already well known to the profession. We regret to say it came to hand too late for appearance in the present number of our Journal. It shall appear in our next.

TRANSYLVANIA MEDICAL JOURNAL. Edited by Ethelbert S. Dudley, M. D.,
Professor of General Pathology, &c.

We have received the first, (July) number of this new periodical, published at Lexington, Ky., under the supervision of the Transylvania Faculty of Medicine. It is almost entirely made up of original communications characterized by unusual ability. The leading article is from the pen of our venerable and well known co-adjutor, Prof. B. W. Dudley, on the treatment of Aneurism, which, in some respects, is quite peculiar to himself. He relies, as in all other surgical affections where operations are frequently necessary, perhaps more than any other living surgeon, upon a rigid antiphlogistic regimen approximating literal starvation. To this, we apprehend is to be mainly attributed his success, not only in the treatment of aneurism, but in the management of stone in the bladder, for which he has secured an enviable renown. He has promised to contribute the results of his experience to every number, which will doubtless greatly enhance its value.

We bid this journal a most cordial welcome, and bespeak for it what it deserves—a wide circulation.

PROCEEDINGS OF THE STATE MEDICAL CONVENTION OF INDIANA, held at Indianapolis, June, 1849. From Dr. R. J. Patterson.

This Convention was organized on the 6th of June, by the election of Dr. L. Dunlap President, Drs. N. Johnson, T. Ryan, J. W. Florer, C. Wallace, Vice Presidents; Drs. J. S. Bobbs and A. M. Hunt, Secretaries.

The attendance was respectable, and the proceedings were characterized by great unanimity and zeal for the honor and advancement of the profession.

A State Medical Society was organized; a Constitution and By-laws adopted; committees appointed on various important subjects, and a resolution among many others, carried for the establishment of a medical journal at the seat of government.

We are truly rejoiced to see so laudable a spirit aroused in the Indiana profession. We wish them entire success in their contemplated improvements, and will pledge our hearty co-operation in every enterprise that shall redound to the general good through professional instrumentality.

RATHER HARSH REMEDY FOR CHOLERA.—A drunkard near Paris, finding his wife dying of cholera, had the cruelty whilst in a state of inebriety, to beat her violently. This rough usage far from destroying her as might have been expected, roused her—brought on powerful reaction and saved her. This reminds us of the flagellations recommended in cases of poisoning by opium.

MISS BLACKWELL, M. D., says the Buffalo Medical Journal, the lady who graduated at Geneva, is now prosecuting her medical studies, at Paris, at the *Hopital de Maternité*.

PROFESSIONAL APPOINTMENTS, &c.—Dr. Thos. Spencer, of Geneva, N. Y., has been appointed Professor of Theory and Practice in Rush Medical College, Chicago, and Dr. N. S. Davis, of New York, Professor of Physiology and Pathology in the same institution.

Professor E. Bartlett, late of the Transylvania School, Lexington, has been appointed Prof. of Theory and Practice of Medicine in the Louisville Institution. Professor Yandall has been transferred to the chair of the Institutes of Medicine, lately occupied by Dr. Caldwell, and is succeeded by Benjamin Silliman, Jr., Professor of Applied Chemistry in Yale College. Professor Heyward has resigned the chair of Surgery in the Boston Medical School, and is succeeded by Dr. H. J. Bigelow.

Electro-Galvanism.—We have had the pleasure of examining P. Coad's Electro-Galvanic Battery, and of applying it in several cases wherein electricity seemed to be indicated. It is a beautiful and somewhat complicated piece of mechanism, too much so to be described here. After understanding the design of its several parts, its adjustment for application is speedily effected. The amount of electricity generated is regulated by a wheel that elevates or depresses the metallic plates, and the fluid is set in motion and conveyed to the system by means of a crank which is turned by the hand. It is decidedly the best instrument of the kind ever offered to the profession.

See advertisement.

OBITUARY.

It becomes our painful duty to record the death of three of our professional brethren in Columbus, who fell victims to the terrible epidemic while endeavoring to stay its destructive tide. The first two contracted the disease in the Ohio Penitentiary during the commencement of its fatal prevalence there.

DIED.—In this city, of cholera, on the 11th July, Dr. B. F. GARD, in the 49th year of his age.

Not having had the pleasure of Dr. Gard's acquaintance until within the last three or four years, we give the following biographical sketch from the editor of the Cincinnati Gazette :

Dr. Gard was educated at West Point, and was a classmate of our C. J. Wright. A few months before graduating, in 1828, he resigned, and commenced the study of medicine, and attended the regular course in the Ohio Medical College of this city—and about 1833, commenced the practice of medicine, as above stated. Having accumulated, by a country practice, a handsome property, he removed to Columbus, that his family might have the advantages of society, and that he might the better educate them. He had drawn around him, in his new home, all the comforts which are desirable, and but a few days past was congratulating himself, in conversation with Mr. W., that he should now be

able to enjoy life, and the society of his friends. Dr. Gard was a man of remarkable physical ability—very large frame—good health—and one of the last whom it would be supposed would fall a victim to the cholera. Dr. G. had many amiable qualities, which endeared him to a large circle of friends, who were congratulating themselves that now they would be able to enjoy his society. But we cannot count on a day of health, and know not when we may be summoned away. It is a source of satisfaction to know, that Dr. Gard was a faithful professor of religion, and died at his post, in the discharge of a hazardous duty, for which the emergency required him to volunteer.

DIED—On the 14th of July, of cholera, Dr. H. LATHROP, aged 49 years.

Dr. Lathrop received his collegiate medical education in the University of Pennsylvania, in 1833, and practiced medicine in Waynesville, Warren county, Ohio, for a number of years. About twelve years since, he removed to this city, where he has most of the time resided and been engaged in the discharge of professional duties. The last three years he has been physician to the Ohio Penitentiary, where he fell a victim to the epidemic.

DIED.—In this city, August 17th, 1849, of cholera, Dr. ISAAC F. TAYLOR, aged 28 years.

Dr. Taylor was born in Fairfield county, Ohio, and resided in Winchester until he commenced his professional studies. Being left fatherless at the early age of 20, to manage and settle up an embarrassed estate, he entered upon life with many trials and difficulties pressing upon him. But these seemed to develope in him an energy of character that was full of promise for the future. After acquiring a preliminary education by his own unaided exertions, he began the study of medicine in 1843, with Drs. Boerstler and Edwards, of Lancaster, and in the Spring of 1846 graduated at the University of Maryland. Having practiced for a short time in a village of a neighboring county, he came to Columbus in September of that year. Since then, by the most faithful application and zeal, he had rapidly won his way to public favor, and had acquired confidence and credit as a just award to his labors. In the midst of usefulness, when many were looking to him for relief, while the blessings of many that had been ready to perish, were yet fresh; and their prayers for his safety were ascending, he was taken away. Many a sincere mourner followed him to his resting place, and many a sufferer will long remember his faithful watchings and ministrations.

The profession has lost one who promised to be among its most zealous votaries, and brightest ornaments, for he had an energy of character, an honesty of purpose, and a just confidence that was a guaranty of ultimate success. In this spirit he gave himself a sacrifice to the cause to which he pledged those noble qualities, and his fate adds but another to the many noble ones in our profession, who have gone before him.—May his survivors be the better of his example.

DEATH OF PROF. HARRISON.—Died, on the 3d inst., at Cincinnati, of cholera, Dr. JOHN P. HARRISON, Professor of Materia Medica and Therapeutics in the Ohio Medical College.

In the death of Dr. Harrison, the western medical profession has been deprived of one of her brightest ornaments and most popular teachers. In every enterprise that tends to enlighten and dignify the profession, that exposes the shameless chicanery of empiricism and that advances good morals and bible religion, he most heartily engaged. He was emphatically a zealous laborer in every good work. The faculty of which he was a conspicuous member—the social circles in which he moved as well as his intimate friends and relatives, will feel his loss most deeply.

Professor Barbour, a member of the Faculty of the St. Louis Medical College, died at his residence, of the epidemic, during its prevalence in that city.

We notice in the journals, that MM. Blandin, Bourgery and Boudet have all fallen by cholera within a few months.

Died, on the 26th March, 1849, PETER S. TOWNSEND, M. D., in the 54th year of his age.

Died, recently, of apoplexy, M. SERRE, Professor of Clinical Surgery in the University of Montpellier, in the 49th year of his age.

—at Paris, on the 17th of April, Prof. BLANDIN, in the 50th year of his age.

—at Worcester, May 10th, ROBERT J. N. STREETEN, M. D., Secretary to the Provincial Medical and Surgical Association, and one of the editors of the Provincial Medical and Surgical Journal.

—July 3, at his country seat, near Esling, ANTHONY TODD THOMSON, M. D.

—June 8th, aged 70, RICHARD CARMICHAEL, Esq., President of the Medical Association of Ireland. Mr. C. was drowned in crossing an arm of the sea on his way to his country seat.

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THE OHIO MEDICAL AND SURGICAL JOURNAL.

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Columbus, November 1, 1849.

No. II.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*To the Medical Profession of Ohio.*

The substance of the following paper, was communicated to the "*Fairfield County Medical Institute*," at its July sitting, with a request by resolution, that I should furnish them with a list of those plants that are known, or considered medicinal; the histories and qualities of which are not enumerated in WOOD & BACHE'S truly national *Dispensatory of the United States*. They requested also, that I should annex the synonymous and common names by which they are known throughout the country. I find by reference to RIDDELL'S *Synopsis of the Flora of the Western States*, made in 1834; SULLIVANT'S *Catalogue of Plants in the vicinity of Columbus, Ohio*, 1840; and my own *Herbarium*, that we have about 387 species of plants, possessing medicinal qualities, growing wild or in a naturalized state in Ohio. One hundred and twenty-three of these, are embodied in the great work before referred to; 64 are embraced in the *Appendix*, leaving about 200 species hardly even mentioned.

Of those noticed in this paper, it can hardly be expected that all, on examination, will be found worthy of a place in our national *Pharmacopœia*; but the properties of a large proportion of them, are very partially known: and an enumeration of them with a brief indication of the medical activity of the natural orders to which they belong, will greatly facilitate the enlightened investigator in his path of discovery.

Since the sitting of the *Institute*, I find my name reported in the July No. of the *Ohio Medical and Surgical Journal*, for 1849, as having been appointed Chairman of a "Committee on Materia Medica and Botany in Ohio," by the *Ohio State Medical Society*, with the permission of selecting my associates. To carry out, in any considerable measure, the views and intentions of the *Society*, in the establishment of the committee, it

is necessary that every member of the Profession in Ohio, should co-operate in the collection and diffusion of facts, in this branch of medical progress. And I hereby cordially invite every member of the Profession, to participate in the duties of the commission. The field open for investigation, being so fertile and extensive, I propose, that those who prefer, can make their reports directly to the *Society*. Those who do not, but are willing to perform some service in the Profession, may address me at Lancaster, by the 10th of April, 1850, any communications, facts, or suggestions upon this interesting subject, and their claims to notoriety, shall be honorably and faithfully observed. If any member should obtain facts in relation to the medicinal qualities of plants, the natural order and botanical names of which, he is not familiar with, on his forwarding me by mail, or otherwise, a dried specimen, I will afford him all the information of which I am capable. Rare plants, also, without reference to their medicinal qualities, not enumerated in the *Catalogues* heretofore mentioned, tending to elucidate the Botany of the Western States, will be most thankfully received, and the favor reciprocated.

There are so many sources of fallacy surrounding this branch of our profession, that whoever attempts to embody a system in accordance with the true principles of science, will meet with difficulties on every hand; the same that are encountered on all other subjects, not demonstrable with mathematical certainty. Adverting to a few of them in this connection, will not be altogether out of place. Some of these difficulties are inherent in the subject, and will probably never be wholly obviated. Others can, in a measure, be guarded against, by a rigid adhesion to the inductive philosophy. I believe, many times, medicines of the vegetable kingdom acquire the reputation of possessing peculiar qualities, from adventitious circumstances; and we ought to be satisfied, only, with the observed effects of them, under repeated, and every variety of circumstances that can be obtained.

The time for gathering, and the manner of preparing plants for medicinal purposes, are important, and should be carefully observed. I do not know the best time for gathering all plants, yet general rules will guide us, in some degree, though not without exceptions. With many plants, it is absolutely necessary to gather them every year. Others will retain their activity a number of years; but, as a general rule they should be collected every year.

Prof. Wood, in an *introductory* delivered to his class in 1840, observed that SHOEPP, 50 years ago, advanced the opinion, "that relying upon their native resources, the Americans might

dispense with the greater part, if not the whole of imported medicines." To this opinion, however, after half a century has been spent in the investigation and improvement of our indigenous *Materia Medica*, Prof. Wood cannot assent.—He says, "the present standard remedies, have for the most part been gathered from all quarters of the globe, have gone through every variety of trial, have been sifted out from an immense mass of materials, and hence stood the test of experience, which for thousands of years has been in the course of accumulation." Conceding all this however, it must be admitted, that from custom, or indolence, or want of thought, or some other cause, we are too much in the habit of depending on foreign countries for our supplies of vegetable medicines, such, even, as we could furnish ourselves in a far purer and fresher state. And when we take into consideration, the immense amount of old, decayed, deteriorated, effete and adulterated stuff, cast upon our shores from foreign countries, said to be at a cheap rate, but which, in the end, would be dear, even if they *paid us* for using it, at the rate we charge our patients; it is surprising, that long ere this, we had not opened our eyes to the imposition, and learned to rely on the rich resources of our own country. I feel that a brighter day is dawning, and that through the enlightened and indefatigable efforts of our talented friend and colleague, Dr. EDWARDS, in Congress, a revolution in this respect, has, at this time, commenced; and that henceforth, many domestic medicines, which are superior substitutes, will be used in preference to the foreign article. When depending on our own resources, we can always have them fresh at any rate, while the foreign article must necessarily, in some cases, become old and effete.

An excellent paper by the late Prof. DUHAMEL, on the collection, preservation and preparation of plants, will be found in the *American Journal of Pharmacy*, Vol. I. page 168, to which I must refer as the best source of information on the subject, that is known at this time.

The time for collecting plants for medicinal purposes, depends upon the parts that are required for use. *Seeds*, of course, should only be collected when they are fairly ripe.

It is very difficult to dry *flowers* so as to keep their sensible properties. Some are incapable of being completely dried, without entirely destroying their active qualities. Others may be dried without difficulty or deterioration. They should be dried as rapidly as possible, excluded from light, at a temperature of 130 to 140 degrees Fah. After being completely deprived of moisture, they may be compressed, in the manner practiced by the Shakers, which keeps them in a very efficient condition.

The same care must be observed in drying *leaves*, in order to preserve their natural color. The time, in general, to collect leaves, is after the flowers have expanded, and before the seeds ripen. I believe however our *Cassias* should not be gathered until the fruit ripens. It is important to remark that the leaves of biennials should not be collected until their second season of growth, while the roots are only fit for use their first.

The best season for the collection of *barks*, is when they can be most easily separated from the wood. In all cases, they should be procured before the flowers are produced, or after the re-productive process is terminated, as at this time, all other portions of its structure are deprived of their usual proportion of proper juices to be directed to the elaboration of the organs necessary for the re-productive functions. Those that have attained their full powers, are best. The very young, or very old, should be rejected.

When woody *stems* are to be collected, the proper season is winter, as at this time the wood furnishes a greater quantity of extract. If they are herbaceous, they should be gathered after the leaves are fully formed, and before the flowers are expanded.

Roots of perennial plants, should be collected late in the Autumn, in Winter, or early in the Spring. Biennials should be collected in the Autumn of their first year, on the disappearance of the leaves. And the roots of annuals, in the Autumn, before the decay of the stems. Much of the activity of plants depend upon an observance of these simple rules; yet they are, by no means absolute, requiring variation, sometimes, in accordance with the peculiar plants, and in others with the parts required for use. Cultivation, dryness, or wetness of the particular season and locality, have much influence upon the virtues of many species, all of which should be specially noted in making up their exact history.

When it is remembered, with what difficulty the physician is embarrassed, in adjusting the doses of old and well established medicines, to the various pathological conditions of his patients, it will not be a matter of surprise, that, in the exact establishment of the effects and properties of new and untried ones, our difficulties should be greatly enhanced. In the former, we have the experience and observations of the most enlightened minds for ages, upon the subject to serve us as guides; while in the latter we have to grope our way in utter darkness—like a way-faring man, cutting his path through a perfect wilderness. I have little doubt, but that many articles, which are at present laid by, from a loss of the reputation they once held, induced by the want of a proper appreciation of the

doses, adapted to the pathological state of the system, will be resuscitated, and found possessing valuable properties upon further, more careful, and exact information upon the subject. It will therefore behoove us to be extremely careful and circumspect, if we attempt to travel the untrodden paths of science—to admit nothing that will not stand the severest test of scrutiny, and at the same time, so vary and multiply our observations and experiments, as to let nothing escape our attention, that will prove a real acquisition to the profession we adore.

ORDER I. RANUNCULACEÆ. (*Crow-foot Family*.)

Acridity, causticity and poison are the general characteristics of this order. There are exceptions, as in *Coptis*, which is a very pure bitter; *Hydrastis*, which is bitter and astringent, and *Cimicifuga*, a mild anti-spasmodic.

Sp. 1. RANUNCULUS ABORTIVUS. Linn.

Common name—Small flowered Crowfoot—Chicken pepper. Erect, 1°—1½° high, fl. pale yellow, minute.—April, June.

Sp. 2. R. PENNSYLVANICUS. Linn.

Com. name—Bristly Crowfoot. Wet places; coarse plant. 2°—3° high, inconspicuous pale flowers—June, Aug.

Sp. 3. R. REPENS. Linn.

Com. name—creeping crowfoot; Butter cups, Stem creeping, 4'—6' long, petals deep yellow, large.—June, Aug.

These are all very common plants, are powerful vesicatories, and acrid rubefacients.

Sp. 4. AQUILEGIA CANADENSIS. Linn.

Com. name—wild Columbine; 1° high, flower, showy scarlet.—April, June. The seeds are said to be tonic.

Sp. 5. THALICTRUM ANEMONOIDES. Mich.

Com. name—meadow Rue, Rue leaved anemone. A pretty, small plant, like anemone; flowers few in a simple umbel—white.—April, May. There are many other species of this order, some of which may be found to possess medicinal virtues of a high order.

ORDER II. BERBERIDACEÆ. (*Barberry Family*.)

All the American plants of this order, are spoken of as medicinal, among which we notice *Podophyllum*. (May apple.)

Sp. 6. LEONTICE THALICTROIDES. Linn.

Com. names—Cohosh, Blue Cohosh, Blueberry, Papoose root, Squaw root, Blue Ginseng, Yellow Ginseng; $1\frac{1}{2}$ ' high. Flowers small, yellowish green; seeds the size of large peas, blue.—May.

According to Rafinesque, it is demulcent, anti-spasmodic, emmenagogue, sudorific, &c. The Indians and their imitators, he says, use it against Rheumatism, Dropsy, Sorethroat, Cramp, Hiccup, Epilepsy, Hysteria, Inflammation of the Uterus, &c. Smith asserts that the Indian women owe the facility of their parturition to a constant use of a tea of the root, for 2 or 3 weeks before their time. It may be used in infusion, decoction, tincture and syrup.

Sp. 7. JEFFERSONIA IPHYLLA. Pers.

Com. names—Common Twin leaf; Rheumatism root; Yellow root; Helmet pod; Ground Squirrel pea. Very much resembles a *Podophyllum*. 3'—6' high; flowers white 1' broad.—April, May.

Rafinesque asserts that the Indians used this plant as a diuretic in Dropsy. Riddell mentions that it was used by Dr. Jones, as a stimulant, diaphoretic, anti-Rheumatic, and anti-spasmodic. I think it is worth analyzation and fair trial.

ORDER III.—CABOMBACEÆ. (*Water Shield Family*.)

Sp. 8. BRASENIA PELTATA. Pursh. Syn. HYDROPELTIS PURPUREA. Michx.

Com. names—Water Shield, Frogleaf, Little Water Lilly, Water Jelly, Deer Food. Stalks coated with clear jelly.—Leaves entire 2'—3' across.—July.

Rafinesque ranks this plant as intermediate between *Lichen Islandicus* and the *Water Lillies*, possessing mucilaginous, astringent, demulcent, tonic and nutritive properties. It may, on trial, be found a superior substitute for *Lichen* in phthisis, inflammation of mucous membranes, debility, &c.

ORDER IV.—PAPAVERACEÆ. (*Poppy Family*.)

Opium and *Sanguinaria*, are representative products of this most important order, and so familiar with the profession, that a word of comment is not necessary.

Sp. 9. STYLOPHORUM DIPHYLLUM. Nutt. Syn. MECONOPSIS DIPHYLLA. D. C.

Com. names—Celandine poppy; Horn poppy; Braise root. Flowers yellow, 2' broad.—May, Aug.

Shæpf says that it has a yellow juice like *celandine*, but more fetid, deleterious, narcotic and phantastic. Used externally for

wounds, contusions and gravelly pains. The leaves infused in wine, taken in small doses for gravel in Portugal, &c.

Sp. 10. ARGEMONE MEXICANA. Linn.

Com. name—Mexican Prickly poppy. Flowers solitary; pale yellow or white; Calyx prickly.—July, Oct.

Said by Rafinesque to unite the properties of *opium*, *gamboge* and *celandine*. It is anodyne, detersive, resolute, hypnotic and diuretic. Seeds drastic and emetic. Used in Herpetie diseases, Psora, Sore eyes, Dropsy, Jaundice, &c.

ORDER V.—FUMARIACEÆ. (*Fumitory Family*.)

This is rather a feeble order, but according to Lindley, some plants contain a peculiar alkaloid called Corydalin.

Sp. 11. DICENTRA CUCULLARIA. D. C.

There has been a good deal of confusion in spelling this name correctly among high authority. DE CANDOLLE spelt it *Diclytra*. TORREY and GRAY, as good American authority as can be produced, spelt it *Dielytra* in 1840.

Com. name—Dutchman's Breeches. A very delicate plant, with a slender scape bearing 4—10 pretty, but *odd shaped*, *white flowers* tipped with cream color.—April, May.

Sp. 12. DICENTRA CANADENSIS. D. C.

Com. name—Squirrel corn; Colic weed. Much like the preceding. Flower greenish-white tinged with red, fragrance of Hyacinths.

Riddell mentions that Dr. Jones, of Columbus, uses a drachm three times a day as a substitute for mercury, in venereal complaints. It is used as a lotion externally, in syphilis and gonorrhœa. Riddell imagines that it is probably secernent, stimulant, diuretic and diaphoretic. I have, myself, substituted it in cutaneous diseases, for the *Fumaria officinalis* of the shops. It is probably worth investigating.

Sp. 13. CORYDALIS AUREA. Willd.

Com. name—Golden Corydalis. Flowers golden-yellow, and showy, or paler and less handsome; Pods hardly 1' long, uneven.—April, July.

Sp. 14. CORYDALIS GLAUCA. Pursh.

Com. name—Smooth Corydalis. Corolla whitish, shaded with yellow and flesh color.—May, July.

Probably possessing properties in common with the order.

ORDER VI.—CAPPARIDACEÆ. (*Caper Family*.)

Properties—acrid, bitter, nauseous.

Sp. 15. *POLANISIA GRAVEOLENS*. Raf.

Com. names—False mustard; Clammy mustard; Worm weed; Stink weed; Common Clammy weed. Flowers small, calyx and filaments purplish; petals yellowish white—June, August.

Active anthelmintic, resembling in its effects, *Chenopodium anthelminticum*. The whole plant may be used, either in powder, decoction, or syrup.

It is noticed in GRIFFITH'S MEDICAL BOTANY, p. 139.

ORDER VII.—VIOLACEÆ. (*Violet Family*.)

Lindley tells us that the roots of all *Violaceæ*, appear to be more or less emetic, a property, so strongly possessed by South American species, as to acquire the name of *Ipecacuanha*.—Hence, we have every reason to believe, we would be doing good service in the cause of American Pharmacy, to investigate this hitherto much neglected order.

Sp. 16. *SOLEA CONCOLOR*. Ging. Syn. *Viola Concolor*. Pursh.

Com. name—Green Violet. A homely plant 1°—2° high. Pod 1' long.—June.

Sp. 17. *VIOLA BLANDA*. Willd.

Com. name—Sweet white violet. Flowers small, fragrant.—April, May.

Sp. 18. *V. SAGITTATA*. Ait.

Com. name—Arrow leaved Violet.

Leaves halbert form or arrow shaped. Flowers large deep blue.—May.

Sp. 19. *V. CUCULLATA*. Ait.

Com. name—Hood leaved Violet. Foliage variable.—Flowers large and numerous; deep colored blue.—Apl. June.

Sp. 20. *V. PALMATA*. Linn.

Com. name—Palmate Violet. Flowers same as 19. Leaves very variable.—May.

Sp. 21. *VIOLA ROSTRATA*. Pursh.

Com. name—Long Spurred Violet; plant 4'—6' high.—Flowers large in proportion; pale; Spurr $\frac{1}{2}$ ' long.—June.

Sp. 22. *V. MUHLENBERGH*. Torr.

Com. name—Spreading Violet. Stems 4'—7' long. Flowers middle-sized.—May, June.

Sp. 23. *V. STRIATA*. Ait.

Com. name—Pale Violet. Flowers sulphur color.—May, June.

Sp. 24. V. PUBESCENS. Ait.

Com. name—Downy Yellow Violet; plant 6'—10' high.—
Flowers deep yellow.—June. July.

Sp. 25. V. TRICOLOR. Linn.

Com. name—Field Pansy; Heart's Ease; from gardens.—
May, July.

These plants are all very common and well known.

ORDER VIII.—CISTACEÆ. (*Rock Rose Family.*)

Sp. 26. HELIANTHEMUM CANADENSE. Michx.

Com. name—Frost weed, Frost plant. Crystals of ice shoot
from the bark at the root.—June, Aug.

Sp. 27. HELIANTHEMUM CORYMBOSUM. Michx.

Com. name—Rock Rose.—June, August.

Tonic, astringent, deobstruent, alterative, &c.

In the Appendix of the last edition of Wood & Bache, will
be found an account of these plants.

Dr. Ives, Dr. Parrish and Dr. Tyler have used them
with success in scrofula, scrofulous sore eyes, diarrhœa and
secondary syphilis. Dr. Brocket, (*West. Lancet*, Vol. III. p. 432,) has used them in eczema, &c.

ORDER IX.—MALVACEÆ. (*Mallow Family.*)Sp. 28. NAPÆA DIOICA. Linn. Syn. *Sida dioica*. Cav.

Com. name—Glade Mallow. Root leaves 1°--2° broad.—
July.

Sp. 29. MALVA SYLVESTRIS. Linn.

Com. name—High Mallow. Partially naturalized.—May,
August.

Sp. 30. HIBISCUS MOSCHEUTOS. Linn.

Com. name—Swamp Rose Mallow. Plant stout, 5° high,
corolla 5' in diameter.

Sp. 31. H. SYRIACUS. Linn.

Com. name—Shrubby Althæa; common in gardens; a small
tree.—July, August.

ORDER X.—TILIACEÆ. (*Linden Family.*)

Sp. 32. TILIA AMERICANA. Linn.

Com. names—Bass wood, White wood, Lime tree. Flowers
cream color; fragrant; large tree.

ORDER XI.—LINACEÆ. (*Flax Family.*)

Sp. 33. LINUM VIRGINANUM. Linn.

Com. name—Wild Flax. Biennial or perennial? Stem 1°—2° high.—June, August.

The above three orders all possess purely mucilaginous properties. They are also all perfectly innocuous and healthful.

ORDER XII.—ZANTHOXYLACEÆ. (*Prickly Ash Family.*)

Nearly all the plants known of this order, are aromatic and pungent. Some are powerful sudorifics and diaphoretics.—According to Barton, they possess the remarkable property of exciting salivation, whether applied immediately to the gums or taken internally.

Sp. 34. PETELA TRIFOLIATA. Linn.

Com. name—Shrubby Trefoil, Swamp Dog wood, Stinking Prairie Bush, Stinking Ash, Wing Seed. A tall shrub; fruit bitter.—June.

Riddell says it has been used in the cure of intermittents, and believes it to possess active medicinal properties.—(*Synop. West. Flor.* 34.)

ORDER XIII.—ACERACEÆ. (*Maple Family.*)

Sp. 35. ACER PENNSYLVANICUM. Linn.

Com. names—Striped Maple, Striped Dogwood, Moosewood, Dock Mackie Maple. A small slender tree.—June.

Used as a topical application in inflammations.

Sp. 36. A. RUBRUM. Linn.

Com. name—Red Maple, Swamp Maple. Large tree.

An extract from the bark is astringent, and might many times be substituted for high priced foreign articles.

ORDER XIV.—HIPPOCASTANACEÆ. (*Horse Chestnut Family.*)

Sp. 37. ÆSCULUS GLABRA. Willd.

Com. names—Ohio Buckeye, Fetid Buckeye. Small tree. Flowers small; not showy.—May, June.

Sp. 38. Æ. FLAVA. Ait.

Com. names—Yellow Buckeye, Smooth Buckeye. Often a large tree. Seeds very large.—May.

These are the emblem trees of Ohio, and beyond question, possess medicinal properties of considerable power; yet we do not know the cases to which they are exactly adapted.—The effect of the leaves in the Spring, and of the fruit in the

Fall, upon cattle that eat them, are well known to every physician of the west. It appears strange, therefore, that we do not more carefully investigate their just position in the *Materia Medica*, instead of depending upon foreign substitutes of equally doubtful, and more variable and unknown properties.

ORDDR XV.—CELASTRACEÆ. (*Spindle-tree Family.*)

Sp. 39. CELASTRUS SCANDENS. Linn.

Com. names—Wax Work, False Bittersweet, Climbing Bittersweet, Fever-twig, Staff-vine. Stem woody, twining. scarlet covering of the seeds, ornamental.—June.

Sp. 40. EUONYMUS ATROPURPUREUS. Jacq.

Com. names—Burning Bush, Indian Arrow, Spindle-tree.—Shrub 10°—12° high. Fruit in copious clusters; crimson, ornamental.—June.

This is rather an active order, but little used in regular practice. GRIFFITH says that the general character of the order is acidity, but the seeds yield an oil which is useful for a variety of purposes. *Celastrus Scandens*, according to Rafinesque, is equivalent to *Dulcamara* and *mezercon*. Riddell asserts that it has been used by Thompsonians as a stimulating diuretic, and in doses of ʒi, 3 times a day, of the powdered bark, is capable of removing hepatic obstructions. Griffith, (Med. Bot. p. 219,) regards the two species as equivalents of each other and used alike. My friend, Dr. WHITE, of Lancaster, recently mentioned to me, that *Euonymus Atropurpureus*, had been used in intermittents. Indeed, he thinks it will not only as certainly cure intermittents as quinine; but that it will prevent their subsequent recurrence. Should such be the fact, it will certainly prove an acquisition to our *Materia Medica*. They are at least worthy of extended trial.

ORDER XVI.—VITACEÆ. (*Vine Family.*)

Sp. 41. AMPELOPSIS QUINQUEFOLIA. Michx.

Com. names—Virginian Creeper, American Ivy, Five leaved Ivy, Woody Climber. Flowers in July. Berries black, in Oct.

Eberle recommended this plant as an admirable expectorant in pulmonary complaints, an account of which may be found in the 1st Vol. of West. Med. Gaz.

ORDER XVII.—LEGUMINOSEÆ. (*Pulse or Bean Family.*)

This is one of the most extensive, as it is also one of the most important in the vegetable kingdom, whether it has reference to objects, either of ornament, of utility, or of nutriment.

Sp. 42. *ROBINIA PSEUDACACIA*. Linn.

Com. names—Common Locust, False Acacia, Black Locust. Flowers white; fragrant; large tree.—June.

Inner bark sweetish, like liquorice, emetic, cathartic and pectoral, according to doses; root best. Blossoms laxative.—(Rafinesque Med. Flor. Vol. II. p. 258.)

Sp. 43. *BAPTISIA LEUCANTHA*. Torr. and Gr.

Com. name—Tall White False Indigo. Flowers white.—Pods 2' long.—July.

Closely allied to *B. Tinctoria*, of which a tolerable good history is given by Rafinesque, (Med. Flor. Vol. I. p. 79,) and Wood and Bache. It possesses the same properties and is considered valuable by some physicians.

Sp. 44. *CASSIA CHAMÆCRISTA*. Linn.

Com. names—Prairie Senna, Partridge Pea, Wild Senna.—Stems spreading; 1° long; showy, bright yellow petals.—Aug.

Riddell says that this is a better cathartic than the *C. Marilandica*, and most writers, that this last is better than the *Egyptian Senna* of the shops. I have used *C. Marilandica*, but have not been pleased with it. My ill-success with it however, may have been caused by its not having been gathered and cured in a proper manner, and at a proper season. I gathered in Summer, when it was in blossom; but Rafinesque says it should be collected in Autumn after the fruit has ripened. If it is worthy, it should certainly supersede the foreign article.

Sp. 45. *TEPHROSIA VIRGINIANA*. Pers.

Com. names—Hoary Pea, Turkey Pea, Goat's Rue, Catgut, Devil's Shoe Strings—1° high; large, handsome blossoms, yellowish-white, marked with red-purple.—June.

Griffith, (Med. Bot., 248,) recommends giving it a fair trial, from the fact that other species of the genus are known to possess active qualities, especially of a purgative character.

ORDER XVIII.—*ROSACEÆ*. (*Rose Family*.)

A well known order, possessing valuable astringent, tonic, and anodyne properties.

Sp. 46. *SPIRÆA OPULIFOLIA*. Linn.

Com. name—Nine Bark. Shrub 4°—10° high. Flowers white; pods tinged with purple.—June.

Sp. 47. *S. SALICIFOLIA*. Linn.

Com. name—Willow-leaved Meadow Sweet. Shrub 2°—5° high. Flowers white; tinged with purple.—July.

Sp. 48. *S. TOMENTOSA*. Linn.

Com. names—Hard Hack, Steeple Bush, Rosy Bush. Shrub 3° high. Flowers rose color.—July.

Not well recognised in our books. Griffith, (Med. Bot. 281,) states that the part recognised in the U. S. Pharmacopœia, is the least valuable; and *S. Tomentosa*, is the only one noticed. They should be further and more closely investigated.

Sp. 49. *S. LOBATA*. Murr.

Com. name—Queen of the Prairie. Herbaceous, perennial. Stem 4°—8° high. Flowers deep peach blossom color; very handsome.

The blossoms, and probably the young seed pods, possess a peculiar fragrant and aromatic astringency, that will doubtless render it valuable when we come to know more of its properties.

Sp. 50. *AGRIMONIA EUPATORIA*. Linn.

Com. names—Common Agrimony, Cockle Burr, Stick-wort. Root sweet scented.—July, Sept.

Mild astringent, tonic and corroborant. Useful in coughs, and bowel complaints, (Rafinesque Med. Flor. 1-34.)

Sp. 51. *SANGUISORBA CANADENSIS*. Linn.

Com. name—Canada Burnett. A tall herb; flowers white, sometimes purple.—August, Oct.

Slightly astringent and tonic—(Riddell Syn. West. Flor. 17.)

Sp. 52. *GEUM VIRGINIANUM*. Linn.

Com. names—White Avens, Evan root, Avens, Chocolate root, Cure-all, Throat-root.

Sp. 53. *GEUM VERNUM*. Torr. and Gr. Syn. *Stylipus*. Raf.

Com. name—Western early Avens. Flowers small, yellow.—April, June.

These, as also all the others of the genus, are astringent, styptic, tonic, febrifuge, and stomachic. Much neglected by the profession, from no other cause that I know of, but that they are so easily obtained.

Sp. 54. *POTENTILLA CANADENSIS*. Lind.

Com. names—Cinque-foil, Five-finger. Very common.—Flowers yellow.—April, October.

Sp. 55. *P. NORVEGICA*. Linn.

Com. name—Norway Cinque-foil. A coarse, homely, annual or biennial weed.—July, Sept.

A very good mild astringent.

Sp. 56. *COMARUM PALUSTRE*. Linn. Syn. *Potentilla Palustris*. Scop. &c.

Com. name—Marsh Cinque-foil. Stems 1°—2° high.—June. Another active and useful astringent.

Sp. 57. FRAGARIA VIRGINIANA. Ehrh.

Com. name—Wild Strawberry.—April, June.

Leaves astringent. Berries a delightful refrigerant. Griffith, (Med. Bot. 277,) condescends to notice this well known plant, although hitherto, our Pharmacologists have entirely neglected it. It is a native and beautiful plant, and deserves not the neglect that has been doled out to it.

Sp. 58. RUBUS STRIGOSUS. Michx.

Com. name—Wild Red Raspberry. Stem biennial.—May. Leaves frequently used as a mild astringent.

ORDER XIX.—CALYCANTHACEÆ. (*Calycanthus Family.*)

Sp. 59. CALYCANTHUS FLORIDUS. Linn.

Com. names—Carolina Allspice, Sweet Scented Shrub.

Shrubs 5°—10° high. Flowers lurid purple.—March June.

Root, according to Rafinesque, is very strong emetic.—(Med. Flor. Vol II. p. 203.)

ORDER XX.—ONAGRACEÆ. (*Evening Primrose Family.*)

Sp. 60. EPHILOBIUM ANGUSTIFOLIUM. Linn.

Com. name—Great Willow Herb. Stem 4°—10° high.—Flowers pink-purple, very showy; pods hoary.—July.

Roots emollient, slightly astringent, and anti-dysenteric.—(Riddell Syn. West. Flor. 15.)

E. COLORATUM. Muhl. Com. name—Purple Veined Willow Herb. Plant 1°—3° high. Common in all parts of the State. My friends, Drs. Van Fossen & Kreider have used this plant in cases of Dysentery with marked benefit.

Sp. 61. ŒNOTHERA BIENNIS. Linn.

Com. names—Common Evening Primrose, Cure-all. Stem erect 3°—7° high; flowers bright yellow.—June, Sept.

Griffith, (Med. Bot. 304,) gives this plant a place in his book. He says the bark and leaves in a recent state are mucilaginous, and leave a slight sensation of acridity after being chewed.—He used it in infantile eruptions, of an obstinate character; bathing the eruptions several times a day, with a decoction made of the bark of the large stems and leaves.

ORDER XXI.—PASSIFLORACEÆ. (*Passion Flower Family.*)

Sp. 62. PASSIFLORA LUTEA. Linn.

Com. name—Pale Passion Flower. Flowers greenish-yellow, small; vines climbing by tendrils.—July, Sept.

Griffith, (Med. Bot. 144,) remarks that our information with regard to this genus of plants, is far from being definite; yet, he believes they possess active qualities, capable of fulfilling a variety of indications. Some of them possess narcotic and emetic properties.

ORDER XXII.—CUCURBITACEÆ. (*Gourd Family*.)

Sp. 63. *SYCIOS ANGULATUS*. Linn.

Com. names—One Seeded Star Cucumber, Wild Bryony Succulent vines.—July, Sept.

Root and seeds bitter, purgative and diuretic. Equivalent of *Bryony* in dropsies—(Rafinesque Med. Flor. p. 263.)

ORDER XXIII.—CRASSULACEÆ. (*House Leek Family*.)

Said by Lindly to possess refrigerant and abstergent properties.

Sp. 64. *SEDUM TERNATUM*. Michx.

Com. names—False Ice Plant, Three-Leaved Stone Crop.—Petals white, common in gardens.—May, June.

Little is known of this order except what is said by Lindley.

ORDER XXIV.—SAXIFRAGACEÆ. (*Saxifrage Family*.)

Lindley observes that all the plants of this order possess more or less astringent properties. *Heuchera americana* is well spoken of and recommended by Wood and Bache, in the U. S. Dispensatory; but notwithstanding, it is almost entirely neglected by American physicians.

SUB ORDER I.—SAXIFRAGACEÆ. (*True Saxifrages*.)

Sp. 65. *SAXIFRAGA PENNSYLVANICA*. Linn.

Com. name—Swamp Saxifrage. A homely species—scape 1°—2° high, upright; leaves 4'—8' long.—May, June.

Sp. 66. *SULLIVANTIA OHIONIS*. Torr. and Gr.

Com. name—Sullivantia. Scapes 8'—12' high; leaves 2' across.—June.

Besides these, we have *Saxifraga virginensis*, *heuchera pubescens*, *Mitella diphylla*, &c., all of which should be investigated.

SUB ORDER II.—HYDRANGEÆ. (*Hydrangea Family*.)

Sp. 67. *HYDRANGEA ARBORESCENS*. Linn.

Com. names—Wild Hydrangea, Bissum. Shrubs 2°—4° high; cymes flat; flowers often all fertile.—July.

Dr. Eoff has found the leaves tonic, sialagogue, cathartic and diuretic. Used in decoction or powder.—(Rafinesque Med. Flor. Vol. II. 229.)

ORDER XXV.—UMBELLIFERÆ. (*Parsley Family*.)

This is an important order, and well represented in our Dispensatories; but the American species are sadly neglected by our physicians.

Sp. 68. *Sium latifolium*. Linn.

Com. name—Broad-leaved Water Parsnip. Plant 2°—5° high. Leaflets 7—11.—July, Sept.

Deleterious plant, yet deemed diuretic, emmenagogue, herpetic and lithontriptic. Leaves used for obstinate cutaneous diseases, 6 spoonfuls of juice in a day, said not to hurt the head, stomach, nor bowels.—(Rafinesque Med. Flor. Vol. II. 264.)

Sp. 69. *Osmorrhiza longistylis*. D. C.

Com. name—Sweet Cicely. Plant 3° high, branching.—May, June.

Sweet aromatic, much of the flavor of Anise.

Sp. 70. *Thaspium barbinode*. Nutt.

Com. name—Meadow Parsnip. Flowers yellow; fruit elliptical.—June.

Sp. 71. *Thaspium atropurpureum*. Nutt. Syn. *Th. cordatum*. Torr. and Gr.

Com. name—Round Heart. Flowers dark-purple; stem 1°—2° high.—June.

Vulnary, anti-syphilitic, sudorific, antidote to Rattle-snake bites.—(Rafinesque, 267.) This is an active genus of plants, and deserves to be studied and examined.

Sp. 72. *Angelica lucida*. Linn.

Com. names—Angelica root, Belly-ache root, Nendo, White root. Introduced—bitterish, sub-acrid, fragrant, aromatic, stomachic and tonic.—(Rafinesque, 192.) I have ventured to put it down an Ohio plant on the authority of Riddell.

ORDER XXVI.—CAPRIFOLIACEÆ. (*Honey Suckle Family*.)

Not an active order, yet grouped and closely allied to those that are.

TRIBE I.—LONICERÆ. (*Honey Suckle Tribe*.)

Sp. 73. *Symphoricarpus racemosus*. Michx.

Com. name—Snowberry. Berries large, bright-white, remaining till Winter.—June, September.

Root tonic, astringent, used for agues in Virginia. Bark used for syphilis by western tribes. Active fibrifuge in small doses.—(Rafinesque, 266.)

Sp. 74. *DIERVILLA TRIFIDA*. Mœnch.

Com. name—Bush Honey Suckle. Flowers honey colored, not showy.—June, Aug.

It has been used as a diuretic in gonorrhœa and syphilis, &c.—(Rafinesque, 216.)

TRIBE II.—*SAMBUCEÆ*. (*Elder Tribe*.)Sp. 75. *VIBURNUM LENTAGO*. Linn.

Com. names—Sweet Viburnum, Nannyberry. Tree 15°—20° high; very handsome.—May, June.

Dr. Kreider says it has the reputation of curing intermittents equal to *cinchona*. If such are its properties, it is time for us to attend to it.

Sp. 76. *VIBURNUM DENTATUM*. Linn.

Com. names—Arrow Wood, Mealy Tree, Tily of the Indians. Shrub 5°—10° high; common.—June.

Contains a peculiar fragrant oil. Bark used by the Indians and Shakers as a diuretic. Used in decoction also to prevent and remove cancerous affections.—(Rafinesque, 274.)

Sp. 77. *VIBURNUM PRUNIFOLIUM*. Linn.

Com. names—Black Haw, Sloe leaved Viburnum. Tree like shrub, very handsome in flowers and foliage.—May.

Leaves used for tea in the south—(Rafinesque.)

ORDER XXVII.—*CORNACEÆ*. (*Dogwood Family*)

Besides those well known, and represented in our Dispensatories we have.

Sp. 78. *CORNUS PANICULATA*. L'Her.

Com. name—Panicled Cornel. Shrub 4°—8° high.—June. Substitute for *C. Florida*.

Sp. 79. *CORNUS STOLONIFERA*. Michx. Syn. *C. Alba* Wang.

Com. names—Osier Rouge, Red Osier Cornel.

Forms large dense clumps 3°—6° high

An infusion of the bark of the young twigs will allay vomiting.—(Riddell.)

ORDER XXVIII.—*RUBIACEÆ*. (*Madder Family*.)

This, including its Sub orders, is one of the most important in medical Botany: in the foreign representatives of which, will be found *Cinchona*, *Ipecacuanha*, *Coffee*, and among our natives *Spigelia*, &c.

SUB ORDER I.—STELLATÆ. (*True Madder Family*.)Sp. 80. *GALIUM CIRCEAZANS*. Michx.

Com. names—Wild Liquorice, Master of the Woods. About 1° high. Flowers purple.—June, Aug.

Demulcent, expectorant and diuretic. It is quite popular as a domestic remedy.

Sp. 81. *GALIUM ASPRELLUM*. Michx.

Com. name—Rough Ladies Bed Straw. Stems weak, reaching 4°—5° high. Flowers numerous, small.—July.

Actively diuretic, like most of its congeners.

SUB ORDER II.—CINCHONEÆ. (*Cinchona Family*.)Sp. 82. *CEPHALANTHUS OCCIDENTALIS*. Linn.

Com. names—Button Bush, White Ball, Little Snow Ball, Swamp Wood, Pond Dogwood, Globe Flower. Shrub 4°—10° high.—July, Aug. Abundant.

Rafinesque speaks highly of its virtues, and Griffith in noticing it, remarks that it deserves a fair trial at the hands of the profession.

Sp. 83. *MITCHELLA REPENS*. Linn.

Com. name—Partridge Berry. Pretty little trailing evergreen.—June, July.

By some it is regarded as an expectorant and emmenagogue, (Riddell.) Others as a mild diuretic; used in New England, to cure dropsy and gout.—(Rafinesque.) From its relationship it should command sufficient attention to determine its virtues.

ORDER XXIX.—VALERIANACEÆ. (*Valerian Family*.)Sp. 84. *VALERIANA PAUCIFLORA*. Michx.

Com. name—American Valerian. Stems 1°—2° high.—Flowers pale pink.—June.

Said by Riddell to possess tonic, anti-spasmodic and vermifuge properties.

Sp. 85. *VALERIANA CILIATA*. Torr. and Gr.

Com. name—Fringed Valerian. Stem 2°—4° high; flowers polygamous, the pistillate smaller, greenish white.—June.

I know nothing by experience of these plants, but their affinities would seem to indicate their possession of useful properties. They are worthy of investigation.

ORDER XXX.—COMPOSITÆ. (*Compound Family*.)

This is one of the largest orders of North American phenogamous plants embracing over 900 species.

Sp. 86. *VERNONIA NOVEBORACENSIS*. Wild.

Com. names—Iron Weed, Flat Top. Tall coarse weed; flowers purple.—Aug. Sept.

Reported to be an active purgative. (Riddell.)

Sp. 87. *EUPATORIUM SESSILIFOLIUM*. Linn.

Com. name—Upland Bone Set. Stems (with us) 2° — $2\frac{1}{2}^{\circ}$ high, very much resembles *E. perfoliatum*; flowers white.—Aug. Sept.

Tonic according to Riddell. (Syn. West. Flor. 56.)

Sp. 88. *EUPATORIUM AGERATOIDES*. Linn.

Com. name—White Snake root. Stem 2° — 3° high; flowers white.—Aug. Sept.

Anti-spasmodic, diuritic, diaphoretic. Used in nervous diseases. Dose 3i in infusion. (Riddell.)

It was thought at one time to be the cause of trembles in cattle and milk sickness in the human family.—(Sullivan's Cat. pl. Columb. 58.)

Sp. 89. *EUPATORIUM AROMATICUM*. Linn.

Com. name—Fragrant Eupatorium. Flowers very white, resembles the last.—Aug. Sept.

A very pretty species, and doubtless possesses the properties of 88.

Sp. 90. *ERIGERON BELLIDIFOLIUM*. Muhl.

Com. name—Robins Plantain.

Rays (about 50) bright blueish purple, common.—May.

Bitterish, pungent, diuretic. (Rafinesque.)

Sp. 91. *SOLIDAGO RIGIDA*. Linn.

Com. names—Rigid Golden Rod, Bones Styptic. Plant 2° — 3° high. Heads large, yellow.—August, September.

Astringent, styptic, corroborant. (Riddell.)

Sp. 92. *SOLIDAGO OHIOENSIS*. (Ridd.)

Com. name—Ohio Golden Rod. Plant 2° — 3° high, root leaves 1° long.—Aug. Sept.

Besides these, we have upwards of 20 other species of Golden rod, among which I have not a doubt, some will be found valuable.

Sp. 93. *SILPHIUM TEREBINTHINACEUM*. Linn.

Com. names—Prairie Burdock, Rosin Weed. Stem slender 1° — 10° high, the thick root leaves 1° — 2° long.—July, Sept.

Sp. 94. *SILPHIUM PERFOLIATUM*. Linn.

Com. names—Cup Plant, Turpentine Sun Flower. Stem 4°—6° high, leaves thin.—July.

These and some other species, yield a fragrant gum, which is stimulant and anti-spasmodic. (Griffith Med. Bot. l. c.)

Sp. 95. *AMBROSIA TRIFIDA*. Linn.

Com. names—Great Ra Weed, Horse Weed, Wild Hemp. Coarse unsightly plant 4°—12° high.

Appears to be highly beneficial in arresting excessive salivation. (Griffith, Med. Bot. 387.)

Sp. 96. *ECHINACEA PURPUREA*. Mœnch.

Com. names—Purple Cone Flower, Black Sampson.—Flowers dull purple, rather handsome.—July.

Root thick, black, very pungent to the taste; aromatic and carminative, little known. (Riddell, West. Flor. 58.)

Sp. 97. *COREOPSIS TRICHOSPERMA*. Michx.

Com. name—Tick Weed Sunflower. Rays large, golden yellow.—September.

This and several other species of the genus, and the closely allied genus *Bidens*, yield a good deal of coloring principle.—The seeds are said to be alterative. In what cases they are indicated, I do not know. (Riddell, Syn. West. Flor. 59.)

Sp. 98. *ASTER CORDIFOLIUS*, Linn.

Com. name—Heart Leaved Aster. Rays pale blue, heads in great profusion, but quite small.—September.

Sp. 99. *ASTER PUNICEUS*, Linn.

Com. name—Rough Stemmed Aster. Stem 3°—6° high. Rays lilac-blue.—September.

The roots of these and several other species, are said to be aromatic and anti-spasmodic. They are very common plants, and more of their qualities should be known. (Griffith, Med. Bot. 387.)

Sp. 100. *ARTEMISIA BIENNIS*. Willd.

Com. name—Biennial Worm Wood.

Tonic and anthelmintic. Requires examination.

Sp. 101. *ANTENNARIA DIOICA*. Gært. Syn. *Gnaphalium Dioicum*. Linn.

Com. name—Diœcious Everlasting.

Pectoral and demulcent. (Griffith, Med. Bot. 407.)

Sp. 102. *ERECHTHITES HIERACIFOLIA*. Raf.

Com. names — Fire Weed, Ra Root. Syn. *Senecio Hieracifolius*. Linn.

Plant 1°—8° high, somewhat the aspect of a sow thistle; very common.—July, Sept.

Some diplomatzed Quack, I see by the Eastern papers, is lauding this plant as an infalible specific in cholera. It is a very common and disagreeable weed. Rafinesque, (Med. Fl. 2nd, 262,) says in large doses it is emetic.

Vulnerary, acrid tonic, and astringent.

Sp. 103. *NABALUS ALBUS*. Hook. Syn. *Prenanthes Serpentaria*. Pursh.

Com. names—White Lettuce, Lion's Foot, Rattle Snakes Master, Rattle Snake Root. Stem tall (3°—7° high,) corymbose paniced at the summit; pappus deep cinnamon color; flowers greenish white.—Aug.

This and several other species of the genus, possess a reputation for curing the bites of Rattle snakes.—(Pursh.) The roots are also used in dysentery. (Griffith, 387.)

Sp. 104. *HIERACIUM VENOSUM*. Linn.

Com. names—Rattle Snake Weed, Veiny Hawk Weed.—Plant 1°—2° high; rays large, for the size of the head.—Aug.

This and other plants of the genus, of which we have several, are supposed to possess bitter, astringent and narcotic qualities. [Riddell, Syn. West. Fl. 47.]

Sp. 105. *MULGEDIUM ACUMINATUM*. D. C.

Com. name—Blue Lettuce. Syn. *Lactuca Villosus*. Jacq.

Biennial 3°—6° high; pappus bright white, flowers blue.—August.

Sp. 106. *M. FLORIDANUM*, D. C. Syn. *Lactuca Floridana*. Gærtn. *Sonchus Floridanus*. Linn.

Com. name—False Lettuce.

Biennial 3°—6° high; flowers blue.—Aug.

They have the reputation of curing the bites of Rattle snakes. From their close affinity to the officinal *Lactucas*, I have no doubt on examination, they will be found to possess narcotic and alterative qualities worthy of attention and use.

ORDER XXXI.—ERICACEÆ. [Heath Family.]

SUB ORDER I. VACCINEÆ. [Whortleberry Family.]

Sp. 107. *GATLUSSACIA RESINOSA*. Torr. and Gr. Syn. *Vaccinium Resinosum*. Auct.

Com. name—Black Huckleberry. Shrub 1°—3° high.—Flowers reddish, tinged with green.—May, June. Fruit sweet and pleasant.

Sp. 108. *VACCINIUM STAMINEUM*. Linn.

Com. names—Buck Berry, Squaw Huckle Berry, Deer Berry. Shrub 2°—4°. Berries greenish.—May, June.

The leaves of these plants are astringent, and have been used in tanning leather. [Rafinesque, Med. Flor. 2nd, 272.]

- Sp. 109. *VACCINIUM MACROCARPON*. Ait. Syn. *Oxycoccus Macrocarpus*. Pers.

Com. name—Common American Cranberry. Stems trailing 2°—3° long, corolla rose color. Berries light scarlet.

Wood and Bache, I believe, hardly mention these plants, yet the sweetened juice of these acidulous fruits, are peculiarly cooling and grateful, in nearly all our malarial and inflammatory fevers.

SUB ORDER II. ERICINEÆ. [*True Heath Family.*]

- Sp. 110. *RHODODENDRON MAXIMUM*. Linn

Com. names—Great Laurel, American Rose Bay. Shrub 6°—20° high; leaves 4'—10' long; very thick evergreen.—Flowers pale rose color, very ornamental.—July.

Stimulant and astringent according to Bigelow, Barton and Griffith. Rafinesque says the bark increases the heat of the body, excites thirst, and increases the secretions and excretions. Used for rheumatism and gout by the Indians. [Med. Flor. 256.]

SUB ORDER III. PYROLÆÆ. [*Winter Green Family.*]

- Sp. 111. *CHIMAPHILA MACULATA*. Pursh. Syn. *Pyrola Maculata* Linn.

Com. names—Spotted Pipsiseway, Spotted Wintergreen, White Pipsiseway, King Cure, Ground Holly, Rheumatism Weed.—June, July.

This plant grows abundantly on our hills, and is a good substitute for *C. Umbellata*. Griffith, [Med. Bot. 423.] remarks that there is a popular prejudice against this plant, so much as to render the belief of its poisonous properties prevalent, and he also asserts that Dr. Mitchell thinks that it is wholly inert. Both of these prejudices are unfounded, for I have used it freely, and believe it equal in every respect to its elegant congener, which is not by any means too highly lauded.

SUB ORDER IV. MONOTROPEÆ. [*Indian Pipe Family.*]

- Sp. 112. *HYPOPITHYS LANUGINOSA*. Nutt.

Com. name—American Pine Sap, False Beech Drops, Bird's-nest. Plant 4'—10' high, velvety.—June, Aug.

Equivalent of *Monotropa*.

- Sp. 113. *MONOTROPA UNIFLORA*. Linn.

Com. names—Indian Pipe, Ice Plant, Nest root, Fit root, Pipe plant. Stem 4'—8' high. Stem, leaves and flowers, all white.—June, Aug.

Said to be ophthalmic and nervine. A teaspoonful of the dried root powdered is used in epilepsy and convulsions of children; often united to *valerian*. [Rafinesque, 243.]

ORDER XXXII.—AQUIFOLIACEÆ. [*Holly Family*.]

Sp. 114. *ILEX OPACA*. Ait.

Com. name—American Holly. Tree 20°—40° high, evergreen; red.—June.

Powerful diuretic; much used in domestic practice. [Rafinesque Med. Flor. 2nd vol. 8.]

Sp. 115. *PRINOS LÆVIGATUS*. Pursh.

Com. name—Smooth Winter Berry. Shrub 4°—8° high; leaves thin 1'—2' long.—June.

These plants with the *P. Verticillatus*, are frequently used in domestic practice. They appear to be active in their properties; but little however, is known of them in the profession.

ORDER XXXIII.—PRIMULACEÆ. [*Primrose Family*.]

TRIBE I. PRIMULÆ. [*Primrose Family*.]

Sp. 116. *LYSIMACHIA QUADRIFOLIA*. Linn.

Com. names—Four-leaved Loose Strife, Crosswort. Plant perennial 1° high.—June.

Sub astringent, stomachic, expectorant; used in tea for colds, coughs and agues, &c. [Rafinesque Med. Flor. 2d, 240.]

ORDER XXXIV.—BIGNONIACEÆ. [*Trumpet Flower Family*.]

Sp. 117. *CATALPA BIGNONTOIDES*. Walt.

Com. names—Catawba, Indian Bean. Cultivated ornamental tree, 20°—40° high.—July.

Said to have a vermifuge bark and emetic wood. A decoction of the pods has been recommended in pectoral complaints, and the dried seeds smoked like tobacco, have proved useful in asthma. [Griffith, Med. Bot., l. c.]

Sp. 118. *TECOMA RADICANS*. Juss. Syn. *Bignonia radicans*. Linn.

Com. names—Trumpet Creeper, Trumpet Flower, Virginian Creeper. Woody vine, climbing to the tops of trees by rootlets. Flowers orange and scarlet, showy.—July.

Leaves acrid, depurative, mild, equivalent of *Stillingia*.—[Rafinesque, 267.]

ORDER XXXV.—SCROPHULARIACEÆ. [*Figwort Family*.]

TRIBE I. ANTIRRHINIDÆ. [*Snap Dragon Tribe*.]

Sp. 119. *SCROPHULARIA NODOSA*. Linn. Syn. *Scrophularia marilandica*. Linn. *S. Lanceolata*. Pursh.

Com. names—Common Figwort, Holmes Weed, Heal All.

Stem tall; 3°—8° high; 4-sided. Flowers small, greenish purple.—July.

This plant and its synonymes, have heretofore been considered distinct, even by Linnæus himself. By our latest and best authors, however, they are decided to be identical. Consequently what has been said of the foreign plant, will apply equally to this. It enjoys considerable reputation in domestic practice.

Sp. 120. *CHELONE GLABRA.* Linn.

Com. names—Turtle Head, Snake Head, Balmony, Shell Flower. Perennial 1°—4° high. Flowers rose color or purple.—July, September.

Griffith says if it possesses the qualities attributed to it by Rafinesque, it will prove a valuable addition to the *Materia Medica*.

According to Rafinesque, it is a powerful tonic, cathartic, hepatic, and anti-herpetic. The whole plant may be used, but the leaves are best. In small doses it is laxative, but in full doses it purges the bile, removing the yellowness of the skin in jaundice, &c. Dose of the powdered leaves ʒi. 3 times daily. [Med. Flor. Vol. II. p. 118.] Thompsonians use it.

Sp. 121. *GRATIOLA AUREA.* Muhl.

Com. name—Golden Hedge Hyssop. Stems creeping at the base. Flowers golden yellow; handsome.—June, Sept.

Said to be equal, if not superior to the officinal *Gratiola* of the shops. Not used in this country, but certainly deserves attention. [Griffith.]

TRIBE II. RHINANTHIDEÆ. [*Yellow Rattle Tribe.*]

VERONICA PEREGRINA. Linn.

Com. names—Neck weed, Purslane Speed well. Cultivated grounds, common, naturalized. Flowers whiteish.—Apl. June.

It is given internally, and used externally as a wash in scrofulous tumors of the neck in some parts of the U. S.—[Griffith.] We have several other species that will be found in our books.

ORDER XXXVI.—LABIATEÆ. [*Mint Family.*]

The presence of an aromatic oil and a bitter principle, are universal features of this order, upon which depend their tonic, cordial, and stomachic qualities.

Sp. 123. *BLEPHILIA HIRSUTA.* Benth.

Com. names—Ohio Horse Mint, Hairy Horse Mint. Perennial 2°—3° high, corolla pale, with darker purple spots.—July. Thought to be equivalent of *Monarda Punctata*.

Sp. 124. *PYCNANTHEMUM INCANUM*. Michx.

Com. names—Common Mountain Mint, Wild Basil Perennial plant 2°—4° high; corolla whiteish.—Aug.

Sp. 125. *PYCNANTHEMUM LINIFOLIUM*. Pursh.

Com. name—Virginian Thyme. Plant 2° high.—July.
Small dense heads.

Smell of these plants very fragrant; taste intermediate between that of *Penny-royal* and *Spearmint*. Used medicinally by the inhabitants of Sandusky plains. [Riddell.] I should think they were superior to many other Labiates.

Sp. 126. *LYCOPUS SINUATUS*. Ell.

Com. names—Water Horehound, Gypsey weed, Paul's Betony. Stem perennial, smoothish, 1°—2° high; flowers densely clustered.—Aug.

This and the *L. Virginicus*, grow abundantly with us. In 1828, Rafinesque, [Med. Flor. Vol. II pp. 26-30,] gave a good account of these herbs, indicating their properties, and the diseases in which they are peculiarly indicated. With the exception of a few physicians, who have used and recommended them, they have remained in obscurity, until Dr. Davis published an account of *L. Virginicus* in the Proceedings of the National Medical Association for 1848. Nothing new with regard to its applicability to particular pathological states was added by Dr. Davis. He deserves credit, however, for resuscitating an American plant, which promises to rival, or even supersede the far-famed *Digitalis*. The sensible properties of *L. Sinuatus* correspond with the *L. Virginicus*, and from the trials I have made with it, believe it equal. In some respects it may be superior. It deserves at any rate to have its medicinal relations exactly fixed.

Sp. 127. *SCUTELLARIA CANESCENS*. Nutt.

Com. name—Hoary Skull Cap. Plant 2°—3° high; flowers blue, in terminal racemes; panicle, hoary.—July.

This and several other species, are said by Riddell to possess good diaphoretic properties. [Synop. West. Flor. p. 80.]

Sp. 128. *LEONURUS CARDIACA*. Linn.

Com. name—Motherwort. Perennial 2°—5° high; corolla bearded, pale purple. Naturalized; waste places, around houses.—July, Sept.

Stimulant and pectoral. Used for coughs and catarrhs.—[Rafinesque 236.] Dr. Brocket in the *West. Lancet*, has given an account of it.

Sp. 129. *LAMIUM AMPLEXICAULE*. Linn.

Com. names—Dead Nettle, Henbit. Annual herbs, decumbent; corolla purple. Naturalized, waste places.—May, Oct.

Said to be corroborant, cephalic, sudorific and laxative.—(Rafinesque, Med. Flor. 235.)

ORDER XXXVII.—*POLEMONIACEÆ*. (*Greek Valerian Family.*)Sp. 130. *POLEMONIUM REPTANS*. Linn.

Com. names—False Jacob's Ladder, Greek Valerian, Sweat Root. Perennial, low branching, but not creeping; flowers nodding, blue.—May.

I have known this plant used as an expectorant in domestic practice. Riddell says the steam doctors use it as sudorific.—(Syn. West. Flor. 68.)

ORDER XXXVIII.—*CONVOLVULACEÆ*. (*Scammony Family.*)Sp. 131. *CONVOLVULUS ARVENSIS*. Linn.

Com. name—Bind Weed. Stem procumbent or twining.—A troublesome naturalized weed.—June.

This, with several other species are common, and belong to an active family.

Sp. 132. *CUSCUTA GLOMERATA*. Choisy and *C. CHLOROCARPA*. Engl.

Com. name—Dodder, American Dodder.

Leafless annual herbs, with reddish or yellow thread like twining stems, at length parasitic.

These, and several other species of the genus, have very generally been confounded under the term of *C. Americana*.

Rafinesque says they are bitterish, sub-astringent, stomachic, febrifuge and anti-scorfulous. Useful in decoction for agues and scrofula. (Med. Flor., Vol. II, p. 214.)

ORDER XXXIX.—*GENTIANACEÆ*. (*Gentian Family.*)Sp. 133. *GENTIANA QUINQUEFLORA*. Lam.

Com. name—Five Flowered Gentian. Annual, 1°—2° high; corolla light purplish-blue; 1' long nearly.—Aug. Sept.

Sp. 134. *GENTIANA CRINITA*. Fröel.

Com. name—Fringed Gentian. Biennial? Plants 1°—2° high; corolla sky-blue, 2' long, showy.—Sept.

Both highly tonic, but much neglected plants.

ORDER XL.—*ASCLEPIADACEÆ*. (*Milk Weed Family.*)Sp. 135. *ASCLEPIAS SULLIVANTH*. Engelm.

Com. names—Smooth Milk Weed, Silk Weed. 3°—4° high.—July.

Very much resembles *A. Cornuti* Decaisne, which has hitherto passed for *A. Syriaca*, L. Doubtless often mistaken for it, and possessing similar virtues.

Sp. 136. *ACERATES LONGIFOLIA*. Ell.

Com. name—Long-leaved Green Milk Weed. Perennial plants 1°—2° high; flowers greenish, tinged with yellow and purple.—June, July.

Resembles *Asclepias*. We have many species belonging to this rather active order, which I think will amply repay scientific investigation.

ORDER XLI.—OLEACEÆ. (*Olive Family*.)

Sp. 137. *FRAXINUS AMERICANA*. Linn.

Com. name—White Ash. Large forest tree. Leaflets 7—9 stalked.—April, May.

Sp. 138. *FRAXINUS QUADRANGULATA*. Michx.

Com. name—Blue Ash. A large tree; leaflets 5—9. Timber valuable.

According to Rafinesque and Griffith, the barks of these and others of the genus, are bitter and astringent, and formerly, were much employed in the treatment of intermittents. They are said also, to remove splenic enlargements. (Riddell.)

ORDER XLII.—POLYGONACEÆ. (*Knot Weed Family*.)

Sp. 139. *POLYGONUM VIRGINIANUM*. Linn.

Com. names — Wand-spiked Persicaria, Virginian Bistort. Stem angled, upright 2°—4°. Spike 10'—20' long.—August. Astringent, diuretic, sub-tonic, &c.

Besides this, and those well known in our Dispensatories, we have eight or ten species, some of which are doubtless superior equivalents.

Sp. 140. *RUMEX VETICILLATUS*. Linn.

Com. name—Swamp Dock. Stem 2°—4° high. Grain $\frac{1}{2}$ to $\frac{1}{2}$ the width of the valve.—June, July.

We have also, nearly all that are spoken of in our Dispensatories. They are acquiring so much reputation, as to become introduced into Quack nostrums. Patient investigation will determine their good qualities.

ORDER XLIII.—SANTALACEÆ. (*Sandal Wood Family*.)

Sp. 141. *COMANDRA UMBELLATA*. Nutt.

Com. name—Bastard Toad-flax. Low (8'—10' high.) Perennial herb, and greenish white flowers.—May, June.

Used for fevers by the Algic tribes. (Rafinesque 2d, 212.)

ORDER XLIV.—LORANTHACEÆ. (*Mistletoe Family.*)Sp. 142. *VISCUM FLAVESCENS.* Pursh.

Com. name—Yellowish Mistletoe. Shrubby, parasitic plants, on the trunks of old trees.—April.

Given in tea or powder for epilepsy, vertigo, pleurisy dysentery, &c. By no means inert, although now neglected.—(Rafinesque, *Med. Flor.* Vol. II, p. 275.)

ORDER XLV.—ULMACEÆ. (*Elm Family.*)Sp. 143. *CELTIS OCCIDENTALIS.* Linn.

Com. names—Sugar-berry, Hack-berry. A large tree, with the aspect of an *elm*; drupes as large as bird cherries.—May.

Rafinesque says the bark is anodyne and cooling. The berries sweet and astringent. Useful in dysentery. (*Med. Flor.* Vol. II. 206.)

ORDER XLVI.—SAURURACEÆ. (*Lizzard's Tail Family*)Sp. 144. *SAURURUS CERNUUS.* Linn.

Com. name—Lizzard's Tail. A perennial marsh herb 1°--1½° high; flowers white. Spike 3'—6' long, drooping at the end.—June.

Rafinesque says it is useful in lumbago. (*Med. Flor.* 261.) Little else known of it.

ORDER XLVII.—EUPHORBIACEÆ. (*Spurge Family.*)Sp. 145. *EUPHORBIA MACULATA.* Linn.

Com. names—Spotted Spurge, Milk-purslane. Annual, prostrate herbs.—June, Sept.

Sp. 146. *E. HYPERICIFOLIA.* Linn.

Com. name—Larger Spotted Spurge. Resembles the preceding, but larger in all its parts.—July, Sept.

These are very common plants, and belong to a well known active Family, and I believe if properly investigated, would be found useful in a variety of diseases.

Sp. 147. *ACALYPHA VIRGINICA.* Linn.

Com. name—Three Seeded Mercury. A homely weed 1°—2° high; common.—Aug.

Expectorant, diuretic.—(Riddell, *Syn. West. Flor.* 30.) Little also is known of it.

ORDER XLVIII.—JUGLANDACEÆ. (*Walnut Family.*)Sp. 148. *JULGLANS NIGRA.* Linn.

Com. name—Black Walnut. Large, well known, valuable tree.—May. Fruit, Oct.

Leaves may be substituted for *J. regia*. Fleshy pericarp; acrid, stimulant. Good in herpetic eruptions.

ORDER XLIX.—SALICACEÆ. (*Willow Family*.)

Sp. 149. *SALIX ALBA*. Linn. Syn. *S. Viellina*. Smith.

Com. name—White Willow. Introduced, 50°—80° high.—May, June.

Sp. 150. *SALIX HUMILIS*. Marshall.

Com. names—Low Bush Willow, Speckled Willow. Shrub 3°—8° high; catkins appearing before the leaves.

It is pretty well decided, that *Salicine* is not an equivalent of *Quinine*, and I can readily imagine, that in our anxiety to discover a cheap substitute for Quinine, in this and other substances, we may overlook qualities, valuable, if properly directed.

Sp. 151. *POPULUS CANDICANS*. Ait.

Com. name—Balm of Gilead Poplar. A large tree. Aments long and drooping; appearing before the leaves.

We have four or five species of these trees, and from the fact of their yielding *Salicine*, as well as a peculiar principle termed by Braconnot *Populine*, I think they deserve more extensive and accurate observations.

ORDER L.—URTICACEÆ. (*Nettle Family*.)

TRIBE I.—MOREÆ. (*Mulberry Tribe*.)

Sp. 152. *MORUS RUBRA*. Linn.

Com. names—Black Mulberry, Wild Mulberry. A small tree, ripening its blackberry like fruit in July. Flowers frequently diœcious.—May.

Bark, vermifuge. Said by Rafinesque to expel tænia.—(Med. Flor. Vol. II. p. 243.)

TRIBE II.—URTICEÆ. (*Nettle Tribe proper*.)

Sp. 153. *PILEA PUMILA*. Gray.

Com. names—Cool-weed, Rich-weed. Plant 4'—18' high, annual; the smooth stems pellucid.—July, Sept.

As a wash, they cure the topical poison of *Rhus*. Its peculiar, grateful strong smell, indicates other properties. (Rafinesque, Med. Flor. 2, 186.)

Sp. 154. *PARIETARIA PENNSYVANICA*. Muhl.

Com. name—American Pellitory. A small, homely, annual weed.—June, Aug.

Juice or decoction used as diuretic, deobstruent, menagogue, in gravel, nephritis, suppressions and obstructions.—(Rafinesque, Med. Flor. 2d, 250.)

ORDER LI.—ARACEÆ. (*Indian Turnip Family.*)

Sp. 155. PELTANDRA VIRGINICA. Raf. Syn. *Arum Virginicum*. Linn.
Lecontia. Torr. *Rensselæria*. Beck.

Com. names—Arrow Arum, Taraho, Wampee. Fresh roots and seeds; acrid, pungent, stimulant. Equivalent to *Arum*.—(Rafinesque, Med. Flor. 2d. 257.)

ORDER LII.—TYPHACEÆ. (*Cat-tail Family.*)

Sp. 156. TYPHA LATIFOLIA. Linn.

Com. names—Common Cat-tail, Reed Mace. Stem 4°—5° high; leaves as long. Flowers in a long and very dense cylindrical spike.—July.

Sp. 157. SPARGANIUM RAMOSUM. Hudson.

Com. name—Great Burr-Reed. Stem 2° or more high.—Flowers collected in separate dense spherical heads.—July, August.

Roots, sub-astringent, febrifuge, esculent, yielding a fine fecula, similar to *Salep*.—(Rafinesque, Med. Flor. 2d. 270.)

I have known the roots made into a poultice for inflamed breasts used with success.

ORDER LIII.—ALISMACEÆ. (*Water Plantain Family.*)

Sp. 158. SAGITTARIA VARIABILIS. Englm.

Com. name—Arrow-head, Arrow-leaf, Wapata of Oregon.

Esculent, yielding fecula like *Arrow root*. Roots, refrigerant, sub-astringent; useful, applied to feet for yaws, and dropsical legs. Leaves applied to breasts, dispel milk of nurses, like *Ricinus*.—(Rafinesque, Med. Flor. 2d. 259.)

ORDER LIV.—ORCHIDACEÆ. [*Orchis Family.*]

TRIBE I.—MALAXIDEÆ.

Sp. 159. APLECTRUM HYEMALE. Nutt.

Com. name—Putty root, Adam and Eve. Scape 1° high; leaf, large, oval; many, nerved and plicate. Flowers, dingy, greenish-purple.—May, June.

Yields a very viscid juice when inspissated by boiling, good cement for glass.

TRIBE II.—OPHRYDEÆ.

Sp. 160. PLATANThERA ORBICULATA. Lindl.

Com. name—Large Round-leaved Orchis. Scape 1°—2° high. Flowers, pedicelled, spreading, greenish-white.—July.

Leaves large, soft and fleshy, forming an excellent dressing for blisters.

TRIBE III.—ARETHUSEÆ.

Sp. 161. ARETHUSA BULBOSA. Linn.

Com. name—Arethusa. Flower 1'—2' long, very handsome. Bruised bulbs, useful for toothache, and in cataplasms for tumours.—[Shæpf.] [Rafinesque.]

TRIBE IV.—NEOTTIAÆ.

Sp. 172. GOODYERA PUBESCENS. R. Br.

Com. names—Rattlesnake Plantain, Net Wort, Net Leaf, Scrofula Weed.

Used by empirics in scrofula, internally in decoction, externally by cataplasm.—(Rafinesque.)

TRIBE V.—CYPRIPEDÆ.

Sp. 163. CYPRIPEDIUM PUBESCENS. Willd.

Com. name—Larger Yellow Lady's Slipper. Stem 2° high; flower scentless.—May, June.

Sp. 164. C. SPECTABILE. Swartz.

Com. name—Showy Lady's Slipper. Stem 2° high. Stout, very leafy. Lip 1½' in diameter; the most beautiful of the genus.—July.

Sp. 165. CYPRIPEDIUM ACAULE. Ait.

Com. names—Stemless Lady's Slipper, Moccasin Flower, Nervine. Downy; scape, 8'—12' high; lip, purple, sometimes pale. 2' long, veiny.—May, June.

Roots, employed by Indians and Steam doctors, under the name of *nervine*, as a sedative and anti-spasmodic, in hysteria chorea, and kindred diseases. Supposed to act like *Valerian*. I have, however, seen it administered frequently, but could never detect the slightest appreciable effect whatever.

ORDER LV.—AMARYLLIDACEÆ. (*Amaryllis Family.*)

Sp. 166. HYPOXYS ERECTA. Linn.

Com. name—Star-grass. Scape 4'—6' high, 1—4 flowered, yellow; leaves, grass like.—July.

Root edible, vulnerary and febrifuge. Used in chronic ulcers and agues.—(Rafinesque, Med. Flor. Vol. II. p. 230.)

ORDER LVI.—IRIDACEÆ. (*Flower De Luce Family.*)

Sp. 167. IRIS LACUSTRIS. Nutt.

Com. names—Dwarf-flag, Dwarf Lake Iris. Plants perennial, 3'—4' high in blossom, pale-blue.—May.

Cathartic, diuretic and astringent. See *I. versicolor* for which it is equivalent.

Sp. 163. SISYRINCHIUM BERMUDIANUM. Linn.

Com. name—Blue-eyed Grass, Lily Grass, Physic Grass, Scurvy Grass. Low, slender, perennial; flowers small delicate blue, changing to purplish 4—6 opening in succession.—June, August.

Used by Thompsonians as a purgative. Root, yellow; acrid, decoction purgative.—(Rafinesque, 2d. 264.)

ORDER LVII.—DIOSCOREACEÆ. (*Yam Family.*)

Sp. 169. DIOSCOREA VILLOSA. Linn.

Com. name—Wild Yam Root. Plant herbaceous, twining, slender vine; flowers, very small, pale greenish yellow.—July.

"An infusion of the roots, is unquestionably a valuable remedy in bilious colic. An ounce of the powdered root is to be boiled in a pint of water and half of it given at once. It acts with remarkable promptitude. I have been informed that Dr. Millar, of Neville, Ohio, values the tincture highly, as an expectorant. He says it is also diaphoretic, and in large doses emetic."—(Riddell, Synopsis West. Flor. 91.)

ORDER LVIII.—SMILACEÆ. (*Sarsaparilla Family.*)SUB-ORDER I.—SMILACEÆ. (*True Sarsaparilla Family.*)Sp. 170. SMILAX GLAUCA. Walt. Syn. *Smilax Sarsaparilla*. Wild.

Com. names—Glancus Green-brier, American Sarsaparilla. Shrub, climbing by tendrils sparingly prickly; branches terete; flowers greenish.—June.

Sp. 171. S. PSEUDO-CHINA. Linn.

Com. name—Sarsaparilla. Climbing shrub; stems and branches terete, unarmed; leaves strongly 5-nerved.—June?

These, with the *S. Rotundifolia* and *S. Quadrangularis*, are natives of Ohio, and are said to be equal in every respect to the foreign article of which so much is used, (empirically and otherwise,) at this time.

SUB-ORDER II.—TRILLIACEÆ. (*Trillium Family.*)

Sp. 172. TRILLIUM ERECTUM. Linn.

Com. names—Purple Trillium, Birth-root. Low, perennial herb bearing at the summit a whorl of 3 broadly ovate leaves; flower terminal, greenish white.—May.

Sp. 173. TR. GRANDIFLORUM. Salisb.

Com. name—Large White Trillium. Flowers large, white; changing with age to rose color.—June.

Besides these, we have several other species of the genus. Rafinesque speaks highly of them, and considers them "as-

tringent, restringent, pectoral, tonic, anti-septic, alterative," &c.—(Med. Flor. 2d. 102.) Lindley says that De Candolle accounts the roots violently emetic, [Nat. Syst. Bot. 276.] while Riddell affirms, that Dr. Beach regards them as astringent, pectoral, tonic, anti-septic and alterative. It is evident that Beach has borrowed from Rafinesque all he knows of them. They deserve a proper investigation at our hands.

ORDER LIX.—LILIACEÆ. (*Lily Family*.)

SUB-ORDER I.—ASPHODELIÆ. (*Asphodel Tribe*.)

Sp. 174. *SCILLA ESCULENTA*. Ker. Syn. *Phalangium Esculentum*. Nutt.

Com. names—Eastern Quamash, Wild Hyacinth. Scape, 1°—1½° high; leaves, long linear keeled; sepals spreading, pale-blue, 3-nerved. May.

Onion sweet. Famous as an article of diet among the western Indians. Rafinesque says it makes a fine bread, tasting like pumpkin bread. Makes a fine emollient poultice for inflamed breasts —[Med. Flor. Vol. 2d. 255.]

Sp. 175. *ALLIUM TRICOCCUM*. Ait.

Com. name—Wild Leeks, Ramps. Scape, naked, 9' high; leaves in early Spring, decaying before flowering; sepals, white.—July.

We have two or three other species, which may probably be used as substitutes for the officinals.

ORDER LX.—MELANTHACEÆ. (*Colchicum Family*.)

SUB-ORDER I.—UVULARIÆ. (*Bell-wort Family*.)

Sp. 176. *UVULARIA PERFOLIATA*. Linn.

Com. name—Smaller Bell-wort. Stems from small perennial, root stalks; flowers pale yellow, nodding lily like.—May, June.

Root, sub-acrid when fresh, with fine mucilage. Decoction of the plant useful in sore mouth, inflamed larynx and gums. Said to cure the bites of Rattlesnakes.—[Rafinesque, Med. Flor. 2d. 272.]

SUB-ORDER II.—MELANTHIEÆ. (*True Colchicum Family*.)

I have ventured to put down all our western plants of this Family, as they are according to Lindley, acrid and poisonous in every species.—[Nat. Syst. Bot. 270.] It is very probable, also, that the active principle upon which *Colchicum* depends for its virtues, resides in some of them. For these reasons I think they deserve the special attention of our Faculty.

Sp. 177. ZYGADENUS GLAUCUS. Nutt.

Com. name—Smooth Zygadene. Perennial; stems, naked above, 1° high; leaves, grass like; flowers greenish-white.—July. Rare.

Sp. 178. MELANTHIUM VIRGINICUM. Linn.

Com. names—Quafidil, Melanthium. Perennial; stem 3°—4° high; leaves, grass like; flowers, cream colored, about $\frac{3}{4}$ ' broad.—July.

A sure but violent remedy for itch. [Raf. 2d. 242.]

Sp. 179. VERATRUM VIRIDE. Ait.

Com. names—American Hellebore, Itch-weed, Indian Poke, Earth-gall, Wolfbane. Stem, stout, very leafy to the top, 2°—4° high; perianth, yellowish-green.—June.

Root, very poisonous, Gray, (Bot. North. U. S. 500.) Acrid, emetic, powerfully stimulant, followed by sedative effects.—(Riddell.) (Raf. Med. Flor. 2d. 273.)

Sp. 180. STENANTHIUM ANGUSTIFOLIUM. Gray. Syn. *Veratrum Angustifolium*. Pursh.

Com. name—Grass-leaved Veratrum. Wand-like, leafy, slender stem, 2°—6° high; flowers, small white.—July.

Sp. 181. CHAMÆLIRIUM LUTEUM. Gray. Syn. *Veratrum Luteum*. Linn. *Helonias Lutea*. Ait. *Helonias Dioica*. Pursh.

Com. names—Devil's-bit, Blazing Star. Perennial, wand-like stem; flowers, small, yellowish on a wand-like spike, at length 6'—10' long.—June.

Acrid medicinal. An infusion of the root is anthelmintic. The tincture is tonic. (Riddell, West. Flor. 183.)

Sp. 182. TOFEILDIA GLUTINOSA. Willd.

Com. name—False Asphodel. Slender, perennial; stem 1° high; flowers, greenish-white.—June.

ORDER LXI.—PONTEDERIACEÆ. (*Pickrel Weed Family*.)

Sp. 183. PONTEDERIA CORDATA. Linn.

Com. names—Pickrel Weed, Shovel-leaf, Water Plantain. Stout herbs, growing in shallow water; scape, 1-leaved, terminated by a spike of violet-blue ephemeral flowers.—May, Sept.

The roots are emollient, restringent and anti-scorfulous; leaves form an excellent cooling topical application for inflammations on the surface. It may be employed in gleans, leucorrhœa, fluxes, and externally for scrofulous tumors and sores. (Raf. Med. Flor. 2d. 108.)

ORDER LXII.—COMMELYNACEÆ. (*Spider Wort Family.*)Sp. 184. *COMMELYNA VIRGINICA*. Linn.

Com. name—Day-flower. Stems, perennial, upright, smooth; petals, blue; leaves, 5'—7' long, 1'—2' wide.—July.

Sp. 185. *TRADESCANTIA VIRGINICA*. Linn.

Com. name—Spider's Wort. Stems, perennial mucilaginous; leaves keeled grass like; flowers in umbelled clusters; blue.—May, Aug.

Roots, anti-febrile, emollient, pectoral and anodyne. (Raf. Med. Flor. 2d. 212.)

ORDER LXIII.—XYRIDACEÆ. [*Yellow-eyed Grass Family.*]Sp. 186. *XYRIS BULBOSA*. Kunth. Syn. *X. Indica*. Pursh. *X. Caroliniana*. Flor. Lan.

Com. name—Yellow-eyed Grass. Leaves, 1½'—8', the scape 3'—14' high. Petals minutely toothed at the summit, yellow.—July, Sept.

Roots and leaves used against lepra, and diseases of the skin by Hindus. [Raf. 3d. 276.]

ORDER LXIV.—GRAMINEÆ. [*Grass Family.*]Sp. 187. *BROMUS CILIATUS*. Linn. Syn. *B. Purgans*. Linn.

Com. name—Brome Grass. Perennial culm, 3°—4° high. Said to be emetic, anthelmintic, &c., but doubted by Griffith, [Med. Bot. 663.] Rafinesque says it is sudorific, vermifuge, laxative, diuretic, menagogue, &c., and purges cattle. [Med. Flor. 2d. 202.]

Sp. 188. *BROMUS MOLLIS*. Linn.

Com. name—Soft Brome Grass. Biennial, sparingly naturalized.

Pareira, [Elm. Mat. Med. Vol. I. p. 122,] remarks that Loudon tells us that the seeds of this plant bring on giddiness in the human species and quadrupeds, and are fatal to poultry.—[Griffith, Med. Bot. 662.]

ORDER LXV.—EQUISETACEÆ. [*Horse-tail Family.*]Sp. 189. *EQUISETUM ARVENSE*. Linn.

Com. name—Horse-tail. Fertile stems, never branching 8'—15' high.—April.

Astringent, diuretic, &c. Used in hæmaturia, gonorrhœa, phthisis, &c. [Raf. 2d. 217.]

ORDER LXVI.—FILICES. [*Fern Family.*]

Sp. 190. POLYPODIUM INCANUM. Willd.

Com. names—Polypody, Rock Brake. Fronds, oblong 2'—5' high.—July.

Pectoral, demulcent, purgative and vermifuge. Equivalent of *P. Vulgare*.

Sp. 191. PTERIS AQUILINA. Linnæus.

Com. names—Common Brake, Eagle Fern, Bracken. Frond ternate at the summit of an erect, stout stalk, 1°—2° high. Whole frond, 2°—3° wide.

I have frequently used this plant as a substitute for the *German male fern*. In one case where the patient believed she was subject to tape worm; and was troubled at the same time with a chronic cough, the *Pteris* acted like a charm in removing the cough after a great variety of other means had been unavailingly resorted to. I have often since, prescribed it with good results, where there was no evidence of inflammatory action. It is preferable to the foreign *Felix Mas*, which frequently comes to us in a much deteriorated state. The subterranean root stalk, which very much resembles the roots of *Sarsaparilla* in appearance, is the part I use.

Sp. 192. ASPLENIUM FELIX-FÆMINA. R. Br.

Com. names—Spleen Wort, Female Fern. Fronds 2-pinnate, 1°—3° high, smooth.—July.

Sp. 193. A. THELYPTEROIDES. Michx.

Com. name—Showy Spleen-wort. Fronds, pinnate; pinnae, deeply pinnatifid, 1½°—3° high. A handsome, smooth fern.—July.

Sp. 194. DRYOPTERIS THELYPTERIS. Gray. Syn. *Aspidium*. Swartz.
Polypodium Thelypteris. Linn.

Com. name—Winged Wood Fern. Frond, pinnate, pinnatifid; stalk 1° or more high. Slightly downy.—Aug.

Sp. 195. D. NOVEBORACENSIS. Gray. Syn. *Polypodium Noveboracense*. Linn. *Aspidium Thelypteroides*. Swartz.

Com. name—Northern Wood Fern. Frond, pale-green, delicate membranous; swamps.—July.

Sp. 196. D. GOLDIANA. Gray. Syn. *Aspidium Goldianum*. Hook.

Com. name—Goldie's Wood Fern. Frond, 2°—3° long; broadly ovate, pinnately parted; pinnales about 20 pairs.—A showy fern.—Sept.

Sp. 197. *CYSTOPTERIS BULBIFERA*. Bernh. Syn. *Aspidum Bulbiferum*. Swartz. *A. Atomarium*. Muhl.

Com. name—Bladder Fern. Frond, lanceolate, elongated. 1°—2° long; 2-pinnate; shaded, moist rocks.—July.

The four preceding species have been lately separated from *Aspidum*, the genus that yields the *male Fern* of the shops. They are equal in every degree I believe to the foreign article and should be attended to.

Sp. 198. *OSMUNDA SPECTABILIS*. Willd.

Com. name—Flowering Fern. Frond 2-pinnate, 2°—4° high; very smooth; swamps, common.—July.

Sp. 199. *O. CINNAMOMEA*. Linn.

Com. name—Cinnamon Fern. Frond, pinnate, clothed with rusty wool when young, growing in large bunches, the fertile in the centre, 1°—2° high; swamps.—May.

Demulcent, sub-astringent, corroborant and discutient.—Gives a fine mucilage boiled in milk. Useful in diarrhœa, dysentery, cholera infantum, phthisis, &c. [Raf. Med. Flor. 2d. 249.] Lindley, [Nat. Syst. Bot. 311.] mentions that they have been given in 3 drachm doses for rickets. I believe them to be useful, and should be more thoroughly and accurately investigated.

ORDER LXVII.—LYCOPODIACEÆ. (*Club Moss Family*.)

Sp. 200. *LYCOPodium LUCIDULUM*. Michx.

Com. name—Thick stemmed Club Moss, Hog-bed, 6'—12' high; spreading 2 or 3 times forked.—Aug.

Sp. 201. *L. COMPLANATUM*. Linn.

Com. names—Common Club Moss, Ground Pine. Stems, extensively creeping; peduncles bearing 2—4 cylindrical spikes.—July.

The 2 species are equivalent. Diuretic, menagogue, drastic, nervine, alternant aperient and corroborant. Used in dropsy, gout, scurvy, diarrhœa, and suppressions; externally for tinea plica, &c., in infants; kills lice, and insects, &c. [Raf. Med. Flor. 2d. 240.] If the half of what Rafinesque says of them be true, some attention should be paid them.

ORDER LXVIII.—CHARCEÆ. [*Chara Family*.]

Sp. 202. *CHARA VULGARIS*.

Com. name—Water Feathers. Aquatic plants, with a fœtid small; among the most obscure of the vegetable kingdom.

According to Rafinesque, [Med. Flor. 2d. 207.] said to be anti-spasmodic and vermifuge, &c.

NOTE.

It is earnestly hoped that every Physician who receives this paper, either through the OHIO MEDICAL AND SURGICAL JOURNAL, or by means of an Extra, will consider himself specially invited to furnish to my address, at Lancaster, Ohio, new facts or suggestions with regard: 1st. To the properties of old, or well known articles of the Materia Medica.

2d. Articles, hitherto unknown, or little used ; of practical utility in the Materia Medica. And

3d. Any thing new with regard to the Medical Botany of Ohio.

In compiling a report on Materia Medica and Medical Botany, to be presented to the OHIO STATE MEDICAL SOCIETY, which meets the first week of June, 1850, it will be necessary for me to have my materials by the 1st of April.

It shall be considered a sacred and inviolable duty, to give due credit to every individual who furnishes me with information deemed necessary to the Report.

Respectfully,

JOHN M. BIGELOW, M. D.

LANCASTER, OHIO, Oct. 20, 1849.

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ART. II.—*Retained Placenta.* By T. M. TWEED, M. D., of North Liberty, Ohio. An extract from a letter to P. J. BUCKNER, M. D.

That the actual *practice* of medicine does not correspond with the *theory*, as taught in the books, is an observation demonstrated to be true by the daily experience of every physician. It is one thing to sit in the closet, and dictate rules for the guidance of the young and inexperienced practitioner, and quite another, and different thing, to reduce those rules to practice. Especially is this true with regard to the department of Obstetrics. Take, for instance, the subject of *retained placenta*.

Dr. W. Tyler Smith, in the London *Lancet* for November 25th, 1848, remarks with reference to retained placenta from sphincteric contraction, as follows: "The longer the os uteri remains contracted, the more difficult will its dilatation, so as to admit of the extraction of the placenta, become. If the placenta can be felt close to the os uteri, gentle but firm traction of the cord, held as near as possible to its root on the placenta, should be used, so as to convert the placental mass into a dilator. If this plan should not be successful, the os uteri must be slowly dilated by the fingers, so as to admit the hand or fingers according as the placenta may be required to be detached, or merely withdrawn from the cavity."

The same general rule is laid down by all the standard authorities on Midwifery: and a very good one it is. But if you *cannot* dilate the os uteri, and thereby remove the placenta, then what? What say the authorities? Does Burns, or Denman, or Velpeau, or Meigs, or Smith suggest anything for the guidance of the young practitioner in such an exigency?—Not a word. Now, it is all very well to say, "dilate the os uteri slowly by the fingers," and it looks as if it might be very easily accomplished—in print; but you know, and I know, that while there are numerous cases where this is practicable, there are many others in which dilatation cannot be effected. I have seen cases of retention from spasmodic closure of the os uteri, in which dilatation was utterly and physically impossible. In such a case, if there be separation of the placenta, with inertia of the body and fundus of the uterus, what is to be done? Bleed, give tartar emetic and opium, says Meigs—treat the uterine inertia energetically *per se*, without any reference to the state of the os uteri, exclaims Dr. Smith. All very good recommendations, gentlemen, but if these means fail,

what next must be done? And here you leave the poor trembling accoucheur in the fog, bewildered and despairing.

“He feels like one who treads
Some banquet hall deserted:”

And he mentally consigns the obstetric art, and all its authorities, to a hotter place than he occupies in the lying-in-chamber. To my unfortunate brother practitioners placed in such a situation, I would say: Be of good cheer—trust to the conservative powers of nature, and you shall not be disappointed.—But says Dr. Smith, “dangerous internal hemorrhage is inevitable.” With profound respect for such high authority, permit me to say, that dangerous uterine hemorrhage will relax the spasm, and the delivery of the placenta may be accomplished. The flooding may then be arrested by the use of ergot, frictions, and the other remedies recommended in uterine hemorrhage. The proposition, then, that I wish to establish, is this: *That nature is competent for the expulsion of the placental mass.* To illustrate this proposition, permit me to relate a case.

August 5th, 1849, I was called to attend Mrs. P., aged 22, in labor with her first child. The membranes had been ruptured some six weeks previously, and the liquor amnii had been discharging daily since. Found the os tincæ dilated to the size of a dollar, but rigid and unyielding. Bled the patient freely which relaxed the os tincæ somewhat, and the labor progressed slowly. The head became impacted, but after nine hours of painful and difficult labor, my patient was delivered of a living and healthy child. After waiting a short time, as is my custom, for the expulsion of the placenta, I made gentle traction of the cord. Failing to remove the mass by this means, I passed my fingers along the cord as far as the os uteri, when I discovered that the placenta was retained by globular contraction of the uterus. The ostincæ was firm and unyielding, scarcely admitting the introduction of a finger. Nevertheless, remembering the precepts of the books, I undertook to accomplish its dilatation. Making firm traction of the cord with one hand, I introduced the other in the form of a cone, gradually and gently, (not, however, without great pain to the woman,) into the vagina, and finally, reaching the os uteri, I exerted as much force as was consistent with the integrity of the parts; but all to no purpose. I bled my patient freely, and renewed my efforts.—Still the os remained rigid and undilatable. I gave her opium and tartarized antimony, they effected nothing towards relieving the spasmodic stricture. In my extreme necessity and desperation, I gave ergot. No uterine contractions were excited, and things remained *in statu quo*. Nine hours had now

elapsed since the delivery of the child, and my patient and *patience* being nearly exhausted, I requested a consultation.— Dr. A. C. Lewis, of Winchester, a gentleman of considerable experience, came to my assistance. After using the catheter, he made repeated attempts to remove the placenta, but failed to accomplish it. And in this situation we left the poor woman, fully expecting that, if the books were true, she would die from internal hemorrhage, or consecutive inflammation.

Thirty-six hours after the delivery of the child, I again saw Mrs. P. Slight uterine pains having occurred, it was thought something might be done for her relief. Upon examination, I found the placenta embraced by the os uteri, which was soft and dilatable. In a few moments, to the joy of all, the mass was removed. No hemorrhage or inflammation followed, and my patient made a rapid recovery.

The foregoing case, I think, clearly establishes the following proposition: *That ordinary means having failed, and no alarming hemorrhage occurring, you may safely leave your patient, trusting hopefully to the vis medicatrix natura.* It is useless to persist in efforts to dilate the os uteri in such a case: you might as well attempt to dilate an auger hole in an oak plank.

Reserving some remarks upon hour-glass contraction of the uterus, for a future communication,

I am, my dear sir, very truly,

Yours, &c.,

T. M. TWEED, M. D.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*On the Influence upon Health by the Introduction of Tea and Coffee in large proportion into the Dictary of Children and the Laboring Classes.* By SAMUEL JACKSON, M. D., Prof. of the Institutes of Medicine in the University of Pennsylvania.

Tea and Coffee enter more largely into the diet of the people of this country than into that of any other. The ordinary breakfast and supper of thousands of persons in every part of the United States, are tea, coffee, and bread; while tea, bread, and potatoes, with occasionally a modicum of meat, constitute their dinner. Even children, as soon as they are able to sit at meals, are habitually placed at the family table, and allowed to partake of the same as adults.

In the poorer classes, the evil of a common diet for all ages cannot probably be avoided. It is one of the causes productive of the greater mortality of the children of the poor. But this injurious practice, which with the poor is to be regarded as an inevitable misfortune, is followed by those who are placed in circumstances above the necessity of it. In them it is most condemnable, and can be excused only on the plea of ignorance.

The classes in which the kind of alimentation alluded to prevails, are female teachers, seamstresses, factory women, weavers, tradesmen, small retailers, clerks with families, and others living on restricted means, and very generally farmers in the country.

The inducement for its adoption is its economy, as to money, time, and fuel—a meal of coffee, or tea and bread, or the addition of potatoes, for a small family, will not cost beyond a few cents, while it requires but little fuel and a very short time for its preparation. Tea and coffee are, besides, very palatable, produce temporary exhilaration and force, and abate hunger. Coffee, as will be shown, is not devoid of some nutritive properties. Ostensibly answering, in this manner, the purposes of food, tea and coffee have, from the considerations of cheapness and convenience, become the substitutes of more substantial diet.

[So far as our own experience is concerned, and we know of no other test by which to decide this matter, “economy as to money, time, and fuel” are *not* the inducements for the general use of tea and coffee by the classes adverted to, or any other. We know we are disputing high authority, and we do it with diffidence. Observation and experience teach us that the opposite is nearer the truth. The consumption of tea and coffee actually adds to the aggregate of our table expenses, and on this account the habit is a source of regret to the poorer classes of community every where. If this be not the fact, we, as well as many others, are laboring under a very great mistake. Again, we very much doubt whether less substantial food is taken into the stomach in consequence of using these articles. On the contrary, from the known exciting power of tea and coffee upon the nervous system, and particularly upon the stomach, we have been led to believe that the appetite is temporarily increased, and consequently *more* instead of *less* food, is taken, and that the digestive organs are absolutely embarrassed by over-distention, and that many of

the evils growing out of their use arise rather from repletion than starvation. So far as economy of time and fuel is concerned, we cannot comprehend how an hour or two each day spent in building fires, roasting coffee, and the passing through the several processes of preparing these popular beverages, instead of a resort directly to nature's beverage, cold water is a saving of either.

It strikes us that the temperature at which tea and coffee are drank, their agreeable impression upon the palate, and their exhilarating effects upon the nervous system, are the simple and principal reasons why they are employed so universally.—ED.

In this country and England, chiefly, tea and coffee are introduced into the daily meals as aliment. In China, tea is used as a refreshing and cordial beverage, presented to visitors, or drunk between meals; in the East, coffee is regarded in the same light, and employed in the same manner; on the continent of Europe, coffee is extensively used, but more as a cordial drink, or to flavor cream and milk, than as aliment.

In prosecuting this inquiry with a view to the effects on the economy, of tea and coffee, some preliminary matters require previous examination.

Every one knows that food is indispensable to life. But what is this connection between them? How is it that food is an indispensable condition of life? The solution of these questions is necessary to the understanding of the nature and objects of food, to determine the value of any alimentary articles, and to settle the pretensions of any substance for a place in the category of food.

Before examining the relation existing between food and life-action, it is important to obtain an accurate idea of what is life, or organic action. This term we limit to a single series or class of phenomena. These phenomena are the evolution or production of specific organizable matter, and definite organic forms, from a primary formless organic substance. Albumen is that substance in man and the higher animals. All other phenomena are excluded. They are subordinate to, depend on, but are indispensable to maintain life-action.

Organized tissues and organs worked out by life action, are the instruments of life. They differ widely from each other. Each has its special office. The phenomena of each are special in character and purposes. They are the same as similar phenomena in the exterior and inorganic world. They can be properly understood and studied only in their connexion

with those phenomena. Some are chemical, as the transformation of albumen, the processes of digestion, secretion, and the oxidation of carbon and hydrogen in the blood producing animal heat. Others are physical, as the capillarity of tissues, imbibition, endosmose, atmospheric pressure, and Graham's law of the diffusion of gases, in respiration; others are dynamic, as the excitor, motor, and other forces of the nervous system; others, again, are purely mechanical, as the actions of the muscular system.

Not one of those is properly an organic or life-phenomenon. They are indispensable to maintain the condition of the existence of life, or organic action. They are chemical, physical, dynamic, and mechanical actions, executed by organized and living apparatus and instruments, for the objects of life.

The organizable matter and organic forms are the products, and, consequently, the expression of existing forces or causes of action. Forces, matter, and form, are indissolubly connected with, and give rise to, phenomena or function; and, inversely, function and phenomena, are the correlatives of force, matter, and form. Organized matter, from its nature, cannot be persistent. Under normal states, force, matter, form, and function or phenomena, are permanent; but the structural material itself is not permanent—it wastes, decays, disintegrates, and is reproduced in every act of life. Life-action is thus resolvable into two inseparable actions, or links of one action, a birth and a death, the formation and destruction of the organic material of our structure.

The supply of the primary organic substance for this incessant renewal and building up of the organized structure and maintenance of organic forms, is derived from the blood.—This fluid, in its natural state, is a concentrated solution of all the solids and products of the animal economy. The amount of azotized or albuminous compound matter destroyed in twenty-four hours by life, or organic action, may be taken, on an average, at two to three ounces.* The blood would rapidly become impoverished and unfitted for life objects, unless its losses of albumen and its organic derivatives were constantly restored. The renewal of the organizable or plastic material of the blood, and its maintenance in its normal composition, for structural formation, is one of the offices of our food. Repeated analyses have demonstrated that, of the aliment that is adapted to healthy nutrition, one-eighth part only consists of albumen, or its protein compounds, or their derivative compounds; and whatever is devoid of those substances—that is,

*Dumas, *Chimie Physiologique et Medical*, p. 463.

the chemical combination of carbon, hydrogen, nitrogen, and oxygen, in the proportion to constitute protein ($C_{40}H_{30}N_5O_{12}$ *) or albuminous compound—cannot perform the office of food, or be fitted for nutrition.

Another condition, not less indispensable to life-action, than organizable or plastic matter in the blood, is a definite temperature. For man and the warm blooded animals, the heat essential to healthy, vigorous life-action is 98° to 100° F. So important is heat to life, that nature has made provision for its constant disengagement in the economy. This is accomplished by the incessant oxidation of carbon and hydrogen in the blood. The temperature of this fluid is thus kept at an equable point in every part of the economy. Every organized molecule requires, for the exciting and sustaining of its life-action, the presence of plastic or organizable material, and a definite temperature.

The blood furnishes both these indispensable conditions of life-action to each living molecule.

The carbon and hydrogen oxidized in the blood, and in this manner generating animal heat, are obtained from the food. Nature has made most ample provision for the supplies of these chemical elements, by constituting them a large portion of the food of animals. Not less than from six-sevenths to seven-eighths of the alimentary substances of animals consist of non-azotized bodies. Fatty, starchy, and saccharine matters, are of this character; they are not adapted to or intended for nutrition, but solely for the purpose of calorification, by their combustion or combination with oxygen introduced into the blood by the process of respiration. This proposition is demonstrated in the composition of the alimentary portion of milk. The casein or plastic matter for nutrition, averages 13 per cent., the calorifacient, or the cream and sugar of milk, 87 per cent.

Temperature is required not only for life-action, but also for the dynamic forces, and mechanic power and actions seated in and performed by the muscular apparatus.

The identity of heat and mechanical force has been established by M. Joule.† It is expressed in the following formula; the heat required to raise one gramme (15 grains) of water one degree (cent.), is capable of raising 432 grammes (3700 grains) on metre, or $3\frac{1}{2}$ feet.

According to the estimate of Dumas, the quantity of carbon consumed by a man in good health (valuing the hydrogen by an equivalent proportion of carbon), averages from seventeen

*Mulder.

†Comptes Rendus, tome xxxv., p. 209

to twenty-eight ounces per diem. The large amount of heat thus disengaged, is the sum of the dynamic or excito-motor force of the nervous system.

By the establishment of the above facts, we obtain precise ideas of the nature of food, its objects in the economy, and the modes of its operation. We are enabled to say with certainty what substances are or are not food; and to fix the relative value of each article of diet.

From these investigations, it is ascertained that alimentary substances form two distinct classes, differing from each other by the most striking diversities of nature, composition, and operation.

The first class are the protein or albuminous compounds.—They have nearly the same chemical composition as the tissues, are isomeric with many of the immediate organizable materials of animal structure, and are exclusively destined to nutrition proper, or the reconstruction and repair of the solids.

No substance in which this especial chemical composition, protein and its compounds do not exist, can belong to this class, or can be employed in the economy for its nutrition.—Some of the most eminent organic chemists and physiologists appear to suppose, that any organic nitrogenized body may answer for nutrition. This is not so. Morphia, quinia, strychnia, urea, taurine, as well as theine, and caffeine, are organic nitrogenized bodies, yet cannot be ranked as food. It is the possession of the specific combination of which protein is the base, that can alone entitle any substance to rank in this class.

The second or calorifacient class of aliment, comprehends those special chemical compounds, hydro-carbons mostly, that are capable of prompt decomposition into carbon and hydrogen in the blood. No other organic substances, though rich in carbon and hydrogen, are capable of entering into this division of aliments.

The normal substances of this kind are glucose and lactic acid, into which saccharine and amylaceous substances are converted by the process of salivary digestion; and fatty matters, modified and reduced to the finest and minutest particles possible, in the emulsion formed with them by the pancreatic and biliary secretions.

This last class is the more immediately connected with the maintenance of life. It is established by the experiment of Chossat,* that death from starvation does not occur from inanition, or the waste of the organs, but from the cooling of the

* *Recherches Experimentales sur l'Inanition*, Paris, 1843.

blood, from the absence of the carbon and hydrogen requisite to carry on the process of combustion and the generation of caloric.

With the preceding facts ascertained, we can now proceed to investigate the claims of tea and coffee, to be regarded as properly belonging to either of the above classes of food.

Theine and caffeine, according to Liebig, are the essential elements of tea and coffee. The two are identical as to chemical equivalents. The formula for each is $C_8H_5N_2O_2$. M. Payen, in a later and more elaborate examination, gives a somewhat different formula, but not such as to vary their properties to any extent. Liebig considers them as closely approximating to alloxan, $C_8H_4N_2O_1$, a principle obtained from urea, by the action of concentrated nitric acid; and to taurine ($C_4H_8NO_{10}$), a principle which may be obtained from ox bile, but not from human bile.

In this view, tea and coffee must be excluded wholly from the classes of aliments, to which theine and caffeine can have no pretensions.

But M. Payen, in 1846, in a communication to the Academie des Sciences,* presented a highly labored and accurate examination of the proximate constituents of coffee, which unquestionably brings it, at least, into the category of aliments, as it contains the constituents of both classes.

The following is his analysis of coffee:†

Cellulose	- - - - -	34
Fat Substances	- - - - -	10 to 13
Glucose, dextrine, and an indeterminate vegetable acid	- - - - -	15.5
Legumin, casein [gluten]	- - - - -	10
Chloroginate of caffeine and potassa	3.5 to 5	
Azotized organic matter	- - - - -	3
Free caffeine	- - - - -	0.8
Insoluble concrete vegetable oil	- - - - -	0.001
Fluid aromatic essence of sweet odour, and a less soluble acrid aroma	- - - - -	0.002
Mineral substances, potassa, lime, magnesia, phosphoric, sulphuric, silicic acids, and a trace of chlorine	- - - - -	6.697
Water	- - - - -	12

100

From this comparison of coffee, it is evident the grain is endued with nutrient or plastic and calorifacient elements, and,

* Comptes Rendus, Tomes xxiii., 1846.

† Comptes Rendus, Tomes xxiii., f. 249.

consequently, is an aliment; yet the proportion of those elements is not sufficient to place it in a high rank in either class, or to justify the substitution of its infusion as a chief material of food, by those who are engaged in active and laborious pursuits.

But when the quality of the weak infusion almost generally used as food, and the consequent very small proportions of the alimentary elements held in solution in it are taken into consideration, the disparity between the waste of the blood and the elements for its reparation contained in coffee, become strikingly displayed. The ordinary coffee of the laboring and industrious classes, is little more than warm watercolored and aromatized by coffee. It contains but a very small portion, if any, of the nutritive and calorific elements. It is impossible, with such diet, to maintain in the blood the two indispensable conditions of life-action and nerve force, organizable material and heat.

Coffee, to be prepared as food, should be first but slightly roasted, merely browned and rendered crisp, so as to be easily reduced to a coarse powder. A concentrated infusion is then to be made by the process of displacement. There should be added to it an equal, or double its quantity of cream or good milk, and be sweetened with sugar. An alimentary drink is thus prepared, possessing all the requisites of good food, with the addition of a specific excitant action on the nervous system and brain, that entitles coffee to the appellation bestowed on it by Rousseau, "*boisson intellectuelle.*"

The ordinary miserable preparation of coffee so extensively used as food, deficient in proper alimentary principles, by taking away appetite, by distending the stomach with a warm liquid, and thus impairing its digestive power, and by its agreeable aroma corrupting the taste, rendering more nutritious food unpalatable, tends to the ultimate impoverishment of the blood. This fluid loses its proper character, that of a concentrated solution of all the organic elements and products of the economy.

As a consequence of this condition of the blood, the waste of the tissues exceeds the repair, death-action is stronger than birth-action; disintegration of structure predominates over its reformation. In time this loss of balance tells: the organs are degraded from their primitive type; their functions are impaired, and the organism descends in the scale of development.—There is an approach to inferior organisms, and to cold-blooded animals; or, rather, the system is kept permanently in what constitutes the cold stage, or tendency to collapse in febrile diseases.

In this state, individuals suffer from a variety of vague anomalous symptoms, characterizing no definite disease. They are always ailing, complaining, suffering, but not absolutely sick. They are miserable themselves, a plague to doctors, the prey and victims of quacks.

In this condition of the economy, the temperature is low.—Dynamic force, which is identical with heat, is equally depressed; and, consequently, the mechanic or muscular power is at zero, and the offices of the economy depending on it are imperfectly performed. The circulation is feeble, digestive movements slow and defective; languor and exhaustion prevail.—Exercise augments the evils by expending the forces more rapidly than produced, and the nervous functions are in a state of perturbation or depression. These disordered states are the results of a slow inanition or starvation, not suspected, because food is taken to the full repletion of the stomach; yet still it is starvation, for the blood does not possess the elements for heat and nutrition adequate to the full energy and the consumption of life-action. These cases are not remediable by medicine; they can be relieved only by a restoration of the digestive functions, and a return to a wholesome and appropriate diet.

Cases of this character have augmented in our towns and cities, and it is believed in the country, particularly amongst women, and in the industrious and laboring classes, in the last ten or fifteen years most rapidly. The neuroses, as gastralgia, different visceralgias, and other forms of neuralgia, are now quite as common amongst those classes, if not more so, than they were formerly amongst the luxurious and idle, to which they were almost exclusively confined.

A suspicion has arisen that this circumstance is to be attributed to the perversion of the use, as food, of tea and coffee, from their proper employment as nervous excitants and cordials, which are their appropriate properties. On inquiry it is almost uniformly found, at least, in the observations of many medical practitioners, that the greatest sufferers from these disordered states, are the inconsiderate consumers of tea and coffee, who substitute them largely for food.

It would extend this inquiry too far to enforce the above views by relations of specific cases. A large number could be cited as strongly illustrating their correctness.

The practice of giving tea and coffee to children at their meals cannot be too strongly reprehended and discountenanced. In the first periods of life, the most nutritive food, rich in plastic elements and capable of favoring the highest organization, is that which is required for growth and development.

In the first fifteen years, nature is employed in constructing and perfecting the mechanism of life, fitting it for the conflicts, the exertions, the labors it must encounter and undergo in the struggles and difficulties of the great arena of the world, as well as with exterior malignant influences hostile to its existence, to which it is incessantly exposed. Without good materials there cannot be produced a good fabric.

Whatever tends to excite, to render irritable, or to develop unduly the cerebral structure and functions in children, is of necessity injurious. The bills of mortality show the fearful ravages in the early years of life from cerebral disease; and the foundation of most of the neurotic diseases and of ill-health in adult life, dates from the abortive efforts of nature to build up substantial organs from the paucity and poverty of the building materials, or the abnormal direction imparted to nutritive action, by over-excitement, in the commencement of development.

Tea and coffee being cerebral excitants cannot act otherwise than injuriously on children, in whom there exists no object for such artificial stimulation. Indirectly, they are mischievous by taking the place of food that contains all the elements and constituents of the fluids and solids of the organs and their products. They should be abolished from the dietary of children in all well-regulated families, and by parents careful of their childrens' welfare.

The analysis of tea is not complete, like that of coffee, by M. Payen. As far as known, it contains no alimentary elements, and cannot be classed with food. It is a purely cerebral excitant.

Though the grain of coffee has amongst its constituents alimentary elements, yet in the common slovenly process of torrefaction, the calorifacient principles are destroyed; and the plastic are also more or less decomposed. But when more carefully performed, and these principles are not materially injured, still a small portion only can be dissolved in the infusion or decoction made in the ordinary mode.

The infusions of tea and coffee cannot, therefore, be used as food, and be made substitutes for nutritious aliment, without a serious detriment to the economy. They are cordial beverages, and as such are grateful and useful, especially to those engaged in mental pursuits, and who lead sedentary lives.— They must, at the same time, be combined with substantial nutriment, or the blood becomes impoverished, and fails to contain the materials for organic structure, evolution of nerve-force.

In proportion to the degree of physical exertions, are the wear and tear of the solids, and the expenditure of the forces. The elements to maintain these in their normal conditions, must exist in the blood, and the blood obtains them from the aliment in which they exist, through the digestive apparatus. Tea and coffee largely drunk at their meals by those engaged in active and laborious pursuits, by excluding a due quantity of substantial food, rich in the plastic and force-producing elements, are more injurious to these classes than to the sedentary.

The inevitable consequences of this practice must be to undermine the constitution, to impair the health, to break down the forces, to cause various nervous sufferings, and finally to produce disability for labor.—*Amer. Journ. Med. Sciences.*

ART. II.—*On the use of Etherial Solution of Gun Cotton in the cure of Erectile Tumors without Operation.* By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College, Chicago.

This adhesive liquid which was ushered into the profession with great recommendations as a substitute for needles in cases of hare lip, and for adhesive plaster in wounds, seems to have failed in fulfilling the expectations which were excited of its usefulness, and to have become rather an article of the *toilette*, and a substitute for court plaster, than a useful addition to our surgical armory. Struck, however, in the experiments with it, with the contractile power it possesses, I determined to test its application to the surface of any erectile tumor which might present itself for treatment.

During the last winter a case of nævus of the size of a very large strawberry, situated on the anterior fontanelle of a young infant, was presented for operation. I immediately covered it with a solution of gun cotton, and although it was much elevated above the surface, had the satisfaction of seeing it brought by the contractile power of the liquid in drying to a level with the sound skin. It was allowed to remain for several weeks, and then a fresh application made; and at the present time scarcely any trace of the nævus remains, although but two applications have been made.

The next case was that of a young child, with a nævus $\frac{3}{4}$ of an inch in length, and $\frac{1}{2}$ an inch in breadth, situated beneath the right eye. This at birth was scarcely perceptible; but in six months had acquired the size mentioned, and was rapidly increasing. In order to avoid the irritation resulting from its

proximity to the eye, the application was made during the sleep of the infant, and was required to be renewed twice a week, on account of its becoming loosened. After two months use, the nævus is scarcely perceptible, and the use of the solution has been for sometime discontinued.

It is not improbable, that by preventing the necessity of resorting to operations in such cases, this liquid may find a use more important than any to which it has before been applied.

ART. III.—*Remarks on the Convulsions of Children, as they occur during Paroxysms of Intermittent Fever.* By P. A. ALLAIRE, M. D., of Aurora, Illinois.

The disordered conditions and diseases of the brain and nervous system, may well be considered as among the most interesting to the medical attendant, as they are in some of their forms the most appalling to the friends of the sufferer; while our knowledge of them is, perhaps, less precise, in consequence of the many and peculiar difficulties which attend their investigation. Of the functions of many organs and their physical condition, we may learn something by our senses, but of the brain and spinal cord next to nothing, and we can learn nothing of the patient in many cases. There is, also, another fact which increases the obscurity of this class of affections, viz: the dissimilarity of post mortem appearances in some cases where the symptoms are the same.

The convulsions of children, occurring during attacks of ague, I do not now remember to have seen specially noticed; but it is a frequent complication in our miasmal district, and where not correctly managed may be a fatal one. All the cases observed by me have been between the ages of six months and six years, but a large majority of them was under three years of age. I have not remarked that one six years of age was more frequently attacked than the other. A deviation from the healthy circulation of the blood in the brain, I have thought would rationally account for this disturbed state of the nervous functions, and that deviation would seem to be produced by pressure. The normal circulation in this for some children is more active than in adults, which causing a greater impressibility, will account for the ease with which irritation may here be lighted up, and it is, in fact, the reason of so many serious brain fevers occurring among them, which are originally but sympathetic affections. But that there is in this form of convulsion no cause of a reflex character, seems certain from the many signs of direct congestion present, caused by the increased force of the heart's action, and the consequent

spasm of the platysma muscles, compressing the jugular veins. The attack occurs usually, shortly after the accession of the hot stage, occasionally before it is fairly established. and with but few, often no premonitory symptoms. Sometimes an unusual restlessness may be observed during the latter part of the cold stage, but generally not until this subsides can we perceive any sign of its approach, then, if the child dozes, he may start, cry out or clench his hands; or if awake and up, he falls as in epilepsy; general convulsions follow, the eyes are turned upward or inward, the pupils are contracted for a few moments, then dilated, and remain so during the attack, the face is flushed or purple, head hot, jugulars distended, pulse strong and frequent, the jaws are closed, respiration hurried and imperfect, but not stertorous. I have not noticed any involuntary discharges, or spasm of the glottis.

This state of convulsions may last from one to five minutes, followed by perfect coma or a partial return of sensibility, which lasts from five minutes to an hour, when another attack comes on, followed again by more perfect and persistent coma, which continues in the worst stages until death closes the scene, or it may again be interrupted, at intervals, by convulsions. In the mildest cases patients recover without treatment, after one or two convulsions, as the hot stage subsides; but some squinting and nervous agitation may then be remarked for ten or fifteen hours, and a recurrence of the chill is almost certainly followed by severe convulsions.

The successful treatment of these cases, when commenced early, is sufficiently easy. Regarding the condition of the brain as one of pure congestion, whatever may be the cause, with a tendency to terminate speedily in effusion, the *rationale* of the following treatment is as plain as it is successful, and easy, when commenced before such change has occurred in this delicate organ as is almost necessarily fatal. The following cases will serve to illustrate the treatment, better perhaps than a formal discussion.

R. J. A robust male child of healthy parents, æt. two years, had had ague in the spring of '46 without complications, from which he had perfectly recovered. On the 15th August following, about mid-day, he had a mild paroxysm of intermittent fever, marked by nothing unusual, except some slight nervous agitation during the hot stage. Having had no medicine on the 17th, at noon the usual signs of a chill came on, and lasted nearly half an hour, when it subsided, and in about five minutes after, severe general convulsions suddenly commenced. Being present at that moment, I had his head held over a vessel, and commenced at once pouring cold water in a full stream

from a height of ten or twelve inches, on the neck and head: in less than a minute all spasmodic action had ceased, the face and neck which had seemed distended with blood, were now pale and cold, but the child was insensible. I continued the application less profusely; and in three or four minutes he gave evidence of improvement, by crying and struggling against it. The douche was now abandoned, but the head was kept wet with the water, during the continuance of the hot stage. No other remedy was used, the case assumed the usual appearances of a paroxysm of ague, was treated as such, and speedily recovered. This child has had intermittents since, and on one or two occasions there has been some spasm of the extremities during the hot stage, but a quart of water fresh from the well, poured on the head, always prevents further mischief.

Sarah B., a healthy, but rather slender child aged four and a half years, was seized in Sept. '46, with general convulsions during the formation of the hot stage of a fit of ague. I saw her in fifteen minutes after their commencement, and found her in an imperfectly comatose state, head hot, pupils slightly dilated and immovable, face looked full, but the expression was placid, the convulsion having subsided. As sensation was not entirely abolished, she could still swallow. I then gave her about six grains of Ipecac, and placed her feet and legs in hot water; the convulsion again commenced. Cold water was now freely applied by the douche as in the first case, all spasm subsided, and by a continuance of it, the little patient became sensible in about five minutes. Shortly after she vomited freely, the skin became moist and in an hour all the head symptoms had subsided. She was immediately put on the use of Sulph. Quinine, and recovered without further bad symptoms.

September 6th, 1846, was called to see a male child aged nine months, of previous good health, parents healthy. Found on arriving that the child had had nearly four hours before a well marked chill, apparently of ague, which had excited no alarm as the disease was very prevalent at the time. On the subsidence of the chill, which lasted some 40 minutes, convulsions commenced and lasted about 2 minutes: this state was succeeded by stupor nearly perfect, of about half an hour's duration, this was followed by another convulsion to which a comatose state again succeeded. In this way convulsions and coma alternated until the time of my arrival, a little more than three hours after the first fit. Perfect insensibility was then present, muscular system relaxed, pupils dilated, extremities and surface generally warm, pulse 120 rather feeble, no fullness of jugulars, face pale. Nothing had been done for the

child except the application of Spts. Turpentine to the chest and immersing it in warm water. I applied for a few moments the cold water in a stream to the head, but finding it reduce the force of the heart's action, I desisted but kept the part wet with it. Mustard plasters were applied to the back of the neck, abdomen and legs, and a stimulating enema exhibited. But those efforts were of no avail; the disease had advanced too far, the pulse continued to fail, respiration became embarrassed, and the patient sank without further convulsion in about two hours, being about five and a half hours after the first fit. I regret that a post-mortem examination could not be had.

This is the only case of the disease which I have seen terminate fatally, but it is enough to prove the necessity for active treatment, to ward off the tendency to effusion which seems here evidently to have taken place as a result of the congestion.

These cases, selected from a number of others, will be sufficient in illustration. There is nothing new in the treatment, consisting as it does mainly in the use of usual revulsives and the powerful refrigerant, the cold water douche, which seems to me to have been too much neglected in the treatment of a cerebral disease, especially of children, when the attacks are often sudden, with a tendency to a speedy fatal termination. The remedy is a powerful one especially when assisted by a warm semi-capium, and I can truly say I have not seen it fail to relieve infantile convulsions, except such as arose from exhaustion, or when the cause was remote from the brain.

I may state in conclusion my impression that in these convulsions of children, the condition of the brain is allied to that of puerperal patients. In one case the excitable state of the brain being common to the period of childhood, in the other, an irritable and excitable condition of the nervous system generally accompanying pregnancy and parturition: hence convulsions occur in either case, strikingly similar in their general features, excited by causes which, in a different state of the nervous centre would give rise to no such manifestations, which are relived by the same class of remedies speedily, and without which treatment, in either case, death would often quickly ensue. It is true, bleeding is seldom needed, though often used in treating the infantile disease; for cold water applied as a douche, is equally speedy and powerful, and much more easily had recourse to, and children will recover from its effects almost immediately, who would not rally entirely from the loss of three or four ounces of blood in as many diseases.

ART. IV.—*Suit for Malpractice.*

[We have received from Dr. Spencer the details of a suit for malpractice. The entire communication occupying more space than we are able to give, we present our readers with the following abstract, embracing the matter at issue, and the main points of the testimony.]

An action was brought for damages by Henry Glasford against Saml. Rifenbarick and Rodolph Brearly; and, as set out in the Declaration, for unskillfully and ignorantly failing to reduce a luxated hip for the plaintiff.

The defendants set up in bar of damages, that the said injury complained of, was not a luxation, but a fracture of the neck of the femur, within the capsular ligament.

John Glasford, son of Plaintiff, deposed that his father in alighting from his horse, had his foot retained in the stirrup, and that the horse ran violently with him for a distance of six or eight rods. The patient, at the time of the accident, was 61 years of age—was carried into the house and visited within an hour by Dr. Rifenbarick, who found him lying on his back, with his limbs drawn up; examined him during a space of twenty minutes; said the joint was not luxated, but badly sprained. Witness thinks plaintiff did not request defendant to return, nor did defendant say he would. Plaintiff suffered severely for four or five weeks; that during this time witness went after Dr. R. who came and gave plaintiff a dose of salts; went after the Doctor because plaintiff was feverish and costive. The Doctor called no more for some time, and then called in company with Dr. Brearly. When plaintiff got up, the injured limb was found to be too short, and this was the first intimation they had of the fact.

Wm. Glasford says he was at his father's when Dr. R. came; states, as to the examination, about what former witness did; but thinks the examination might have lasted half an hour. No measurement was resorted to. The leg is now about two inches shorter than the other, with the toes turned out.

Dr. McFarland called—is a physician and a surgeon of twelve years practice; a graduate of Jefferson Medical College. Says there are four luxations of the hip: this is the first; he critically examined the plaintiff, and felt satisfied that he was correct; said the first luxation was that in which the force applied below, drove the thigh bone upwards and backwards on the *dorsum ilii*; thinks this view of the case accounts for the turning of the toe out, as well as the shortening of the limb. In this luxation, the toe at first turns in, but by long continued use it turns out. Witness was asked if this might not be a

fracture. Thought not, from the nature of the injury, and the frequency of luxations compared with fractures, and that upon the day before he had heard [no?] *crepitus* upon moving the limb. Witness was asked what the treatment should be if the injury were within the capsular ligament? Said the pullies ought to be applied.

Dr. Moore called—is a graduate: has been three years in practice: testified as to the luxations of the thigh about what the former witness stated; and coincided with him in supposing this to be a luxation. Thinks that in this luxation the toe at first turns in, but afterwards out. Thought it possible that the injury might be a fracture without the capsular ligament, not within; but believed it to be the first luxation.

Dr. Spencer called—is a physician and surgeon of about twelve years practice. Illustrated the four luxations upon the skeleton. Thinks this is neither of the four: knows of no luxation in which the injured limb is shortened two inches, with the toe turned outward. The anatomy of the parts precludes the possibility of such an appearance, unless the injuries were accompanied by great muscular lesion. Thinks this injury is a fracture of the neck of the femur, and of course within the capsular ligament. A competent surgeon can distinguish a fracture by the facility of extending the injured limb to an equal length with the other, by crepitation, and by the limb being again retracted when the extending force is withdrawn. The probabilities of a fracture to an old person are *much greater* than a luxation; did not believe it would be easy to pull a man's leg shorter by drawing at the foot, not that violently jerking at the limb would produce the first luxation. From the symptoms it would of course be absurd to suppose that this was the second, third or fourth dislocations, consequently concludes it must be a fracture. Would not undertake to say whether or not the examination of the injury by Dr. Rifenbarrick was or was not sufficient; any examination was a good one that would satisfy the surgeon as to the nature of the injury; the rule was to lay the patient on his back, and pass a tape down the median line.

Supposed an injury of this sort, in an old person, to be incurable, and that the toe always turned out. In charging the jury, the judge remarked that before they could find for the plaintiff, they must be clearly satisfied that the injury complained of was a luxation; as this was the only specification in the declaration, and if they could entertain any reasonable doubt as to its nature they must find for the defendant. The jury then retired, and after five or six hours returned with damages of \$200 for the plaintiff.

[Our opinion has been asked in this case; we can give it in few words. We cannot imagine the possibility of a luxation of the head of the femur on the dorsum of the ilium, with the toe turned outwards. This was doubtless a fracture, whether within or without the capsular ligament is a matter of no consequence in the present case, neither is it necessary for us to state whether or not the treatment by the attending physician was proper or not. We have no hesitation in pronouncing the verdict in this case to be unrighteous and illegal; in which opinion we are fully sustained by the charge of his Honor the Judge.—Eps.]

ART. V.—*Treatment of Cholera.* By C. A. FINLEY, M. D.,
Surgeon, U. S. A.

To the Editors of the Medical Examiner:

GENTLEMEN: Having done me the honor to publish in your journal my report of the treatment of two cases of Asiatic Cholera, together with my view of the inapplicability of opium to a well marked, or fully developed case of that disease; permit me to lay before you, in the following extract from my quarterly sick report, the results of my treatment.

“It will be seen in this report, that there have been sixty-six cases of Asiatic cholera under treatment; these were, even the mildest, characterized by the discharges peculiar to that disease. The doubtful cases of diarrhœa have been placed under the head of diarrhœa. The treatment, in every case which has occurred since my special report, has been that laid down in that report; the free exhibition of calomel and camphor, and the quinine after reaction was fairly established. Four of the sixty-six cases were lost; among the recoveries were many in incipient collapse, several in whom the pulsation of the radial artery could not be discerned when the patients were admitted. Ptyalism occurred in ten or twelve cases; in only three cases was it severe, or of more than ten days' continuance. As soon as the dejections gave evidence of the restoration of the biliary secretion, the ol. ricini was given freely, and assisted by enemata, whilst every four or five hours quinine and camphor in doses of five grains each were administered. Under this treatment few cases remained in the Hospital longer than five days.”

There were seven cases of the sixty-six, in which calomel to the amount of three hundred grains was given, and the period of their continuance in the Hospital was as follows: Rhetts thirteen days, Stark three, Douthett twenty, Brown three, Hoeffler nine, Kippe five, Doran thirteen.

Newport Barracks, Ky., August 15th, 1849.

ART. VI.—*Case of a Negro woman, who gave birth to twins of different color.* By R. CARTER, M. D., Virginia. (Communicated in a letter to one of the Editors.)

I promised you when I left Philadelphia, that on reaching home I would try and find out something concerning the woman who had twins, the children being unlike in color. The following is what I have ascertained in regard to the case. The negro woman Winny, is twenty-three years old, of good constitution, and *as black as the ace of spades*. She has borne three children previously to this labor. She states that in the month of April, 1848, she had connection with a white man, and on the day following with a black one. Some week or ten days elapsed, when her catamenia failed to appear. After this she had the ordinary symptoms of pregnancy, the nausea and vomiting being more distressing than in her previous pregnancies. In February, 1849, about the middle of the month, she was delivered of twins. The dark colored child was first delivered and afterwards the mulatto. The children were robust at birth. One of them is a mulatto, and the other is as dark as negro children generally are. The woman is certain that they were begotten by different fathers, and this is the conclusion to which all have come who have seen the children.—*Medical Examiner*.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1.—*On Sanguineous Perspiration.** By Dr. SCHNEIDER.

It has often been a question whether, under any circumstances, blood is ever mixed with the fluid of perspiration in human beings. Dr. Schneider remarks that he has several times observed the phenomenon. He mentions having been once summoned to a healthy man, 50 years of age, who, for a period of twelve months in succession, had traveled on foot: during the journey he had perspired much in his feet; and, on examining them at the end of it, they were found covered as high as the ankles with a sanguineous perspiration, which had also soaked into and stained his stockings. In another case of a healthy young man, Dr. S. mentions having noticed that, after violent exercise, the perspiration beneath the arms was of a bright red colour; and he quotes a similar case from Hoffman.

In proof that the perspiration over the whole body may also be of a sanguineous character, he mentions one case in which it had been ob-

* "And he sweat as it were great drops of blood."—*Bible*.

served in a delicate man after copulation, and then quotes the following still more remarkable case from Paulini. While surgeon on board a vessel, a violent storm arose, and threatened immediate destruction to all. One of the sailors, a healthy Dane, 30 years of age, of fair complexion and light hair, was so terrified that he fell speechless on the deck. On going to him, Paulini observed large drops of perspiration of a bright red colour on his face. At first he imagined the blood came from the nose, or that the man had injured himself by falling; but on wiping off the red drops from his face, he was astonished to see fresh ones start up in their place. This coloured perspiration oozed out from different parts of the forehead, cheeks, and chin; but it was not confined to these parts, for, on opening his dress, he found it formed on the neck and chest. On wiping and carefully examining the skin, he distinctly observed the red fluid exuding from the orifices of the sudoriparous ducts. So deeply stained was the fluid, that on taking hold of the handkerchief with which it was wiped off, the fingers were made quite bloody. As the bloody perspiration ceased, the man's speech returned; and when the storm passed over he recovered, and remained quite well during the rest of the voyage.—*London Medical Gazette.*

2.—*Morbid Growths and their Extirpation.*

Mr. HUNT, in the Provincial Medical and Surgical Journal, May 2d, sums up an interesting paper on this subject, with the following conclusion :

“The extirpation of morbid growths may be said to be *indicated* (their position being convenient for operation,)—1. Whenever the disease is clearly the result of local or mechanical irritation from some external source. 2. Whenever the tumor is neither painful, tender, nor progressive, the health being good. 3. Whenever it can be fairly demonstrated that the pain or irritation of the tumor, being the primary and sole cause of disturbed health, its removal will be the least of two evils. 4. A tumor in the mamma, originally depending on disordered health, may, *after the health is restored*, become painful from the pressure of the dress, and thus the absorbent glands may be excited and the uterine functions disturbed. Excision may be justifiable in such a case; but the proper time must be chosen, and great attention should be paid to the health subsequently.

“The extirpation of morbid growths may be said to be *contra-indicated*,—1. When failing health precedes or accompanies the appearance of local disease. 2. When the disease is advancing, the tumor sensibly growing, no local or mechanical cause of irritation being apparent. In this case, it is right to assume the existence of latent constitutional disease, and to treat the case medically rather than surgically. 3. When there is a plurality of tumors. 4. When the disease re-appears, whether soon or late after an operation for its removal.

3.—*Poisoning by Lobelia Inflata.* (Prov. Med. and Surg. Jour.)

This powerful medicine is still extensively employed by quacks, and we are informed that, from the injudicious use of it, a person who had placed himself under the hands of an herb doctor, in the north of England, has lately lost his life. At the inquest, it was proved by two medical witnesses that the deceased had died from the effects of the *lobelia inflata*. A verdict of manslaughter was returned against the quack.

4.—*Case of slow Action of the Heart in Fever.* By CHARLES HALPIN, M. D.,
Cavan.

In reply to the query in the Circular relative to Fever Report, respecting the peculiar phenomena of the circulating system, Dr. Mease and myself, in our joint report on the epidemic fever of 1847, stated that we had met with "nine cases in which the heart's action ranged between forty and fifty beats in the minute, yet all these cases terminated favorably."

Since that report was written, I had an opportunity of treating a similar case in the County Fever Hospital: a short history of its course may not be uninteresting.

Ellen G——, aged 18, was admitted to hospital 2d December, 1848. Pulse 96; skin hot; tongue dry, but clean, with considerable thirst; no headache. The fever ran its course mildly, and terminated, without appreciable crisis, on the 11th day. On the 14th of December she relapsed; the skin became hot, and the pulse rose to 84. On the 15th it fell to 70, and continued to decline gradually but steadily until the 18th, although stimulants were given very freely. On the 18th the pulse was 42; 19th, 45; 20th, 48. She took seven and a half ounces of whiskey each twenty-four hours. 21st, felt better, but pulse was 44; 22nd, 44; 23rd, 40. Ten ounces of spirits were again taken.

Dec. 24th. Pulse 40. Took the same quantity of stimuli; was up and dressed; and, with the exception of this extremely slow pulse, was apparently well.

Dec. 25th. Pulse 40. On this day she was ordered the acetated tincture of iron, and small doses of tincture of Spanish flies. Continued the spirits; ten ounces daily.

Dec. 26th. Pulse 42; 27th, 52. Took six ounces spirits. 29th, 29th, and 30th, 80.

After this date all remedies were laid aside, and she was discharged on the 6th January, the pulse being then 68.—*Dublin Quar. Journal.*

5.—*Tincture of Conabis Indica in Menorrhagia.* (Med. Gaz.)

Dr. Churchill has spoken strongly in favor of the powers of Indian Hemp in sanguineous uterine discharges. It appears that this property was discovered accidentally by Dr. Maguire, who prescribed it for neuralgia in a female, also at the same time suffering from menorrhagia. Dr. Churchill finds that in simple menorrhagia, the discharge is often stayed in twenty-four hours by five drops of the tincture three times a day.—In other cases, where the discharge returns too frequently, it has also proved useful. He has also tried it with advantage in threatened abortion and in the hæmorrhage from uterine cancer. He does not explain the *modus operandi*.

6.—*Lemon juice in Rheumatism.*

Mr. MIDDLETON had lately tried, with much advantage, the use of lemon-juice in acute rheumatism. These cases possessed the usual characteristics of the disease, and in some instances were secondary attacks. In some of the cases the first attack had lasted several weeks before the acute symptoms had been relieved. Under the influence of lemon-juice, however, the pain was usually much mitigated, and in some instances removed in a few hours. He administered a purgative in the first instance, and then gave half an ounce of lemon-juice every four hours. As he

had usually given alkalies with benefit in cases of a similar description, he was at a loss to understand how lemon-juice could act so beneficially.

Mr. HEADLAND said that the profession were indebted to Dr. G. O. Rees for the use of this medicine in rheumatism. It had been employed by that physician and by Dr. Babington, extensively, in Guy's hospital. The fact was, that it had been too much the fashion to connect the cause of rheumatism with cold. It was evident, from the success of the treatment of rheumatism by lemon-juice, that its origin was due to other causes. A great variety of remedies had been used in the cure of rheumatism, and he (Mr. Headland) believed that other agents acted as beneficially as lemon-juice when they exerted the same action on the blood. Reasoning on the effect of lemon-juice in cases of rheumatism, he had asked himself whether this medicine might not be employed with equal benefit in other diseases. He had found it of the most essential service in cases of obstinate dismenorrhœa. He related one case in which all other remedies had been ineffectual, and in which the continued use of this remedy effected a cure. It was remarkable that lemon-juice had not a tendency to act on the bowels, and where it had, or the constitution was in such a state as to allow it to be carried off by that channel, the medicine did not exert its special influence.

SURGERY.

7.—*Further Observations on the Treatment of Chronic Inflammation of the bladder by Injections of Nitrate of silver, with Cases.* By ROBERT L. McDONNELL, M. D.—Licentiate to the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Physician to the Montreal General Hospital, Lecturer on the Institutes of Medicine, University of McGill College.

In a paper, published in the Third Volume of this Journal, I drew the attention of Surgeons to the great utility of *Injections of nitrate of silver into the bladder, in chronic inflammation of that organ*; and in support of my views, I adduced some remarkable instances of their successful employment, which had occurred both in my private and hospital practice. It is with the hope of placing the method of treating a disease, hitherto considered incurable, (which one of the most eminent surgeons in the world—Sir Benjamin Brodie—considers the “opprobrium of Surgery,” and says, “there is no disease for which an approved method of treatment is more wanted,”) in that position in surgery, which, I feel convinced it deserves to occupy, that I have laid the following cases before the profession.

Since my first paper was published, I have cured a great number of persons affected with this disease, but I have selected the following cases from amongst them, because, in them, the cure was *solely effected by the injections*, whereas, in some of the others, general treatment was likewise employed; and in some, the affection of the bladder, was complicated with organic change of the prostate gland, with strictures of the urethra, and, in one instance, with urinary fistulæ and stricture—complications requiring special treatment, and which, some might suppose, assisted in relieving the affection of the bladder; although, I am quite satisfied, the cures of the vesical inflammation were due to the injection alone. I have also omitted some mild cases of the disease, because, as stated in my former paper, they might have been cured by remedies, generally known to surgeons, and therefore, are not so valuable, as evi-

dence in favor of the method by injections. But, my principal reason for selecting the following examples is, that we have in them, unquestionable testimony of the utility of the practice I advocate—for in all, general treatment, the usual remedies *had been carefully and perseveringly employed, without success; and in one, the age of the patient, and the duration of the disease, was most unfavorable for testing the merits of the treatment, yet in all, the cure was complete and permanent.*

CASE 1. Mr. —, aged 33, had several attacks of gonorrhœa which had been cured in the usual manner, and had caused him very little anxiety, except the last one, which was contracted in April, 1848, and was soon followed by symptoms indicating inflammation of the bladder. For the latter affection he had been under the care of a surgeon in this city, from May till September 27th, when he consulted me. He then complained of being obliged to make water almost every ten or fifteen minutes during the day, and between twenty and thirty minutes during the night, accompanied by pain and heat about the region of the bladder, scalding along the urethra particularly as the last drops were passing. The urine was usually expelled in a jet, and, when allowed to remain at rest, it threw down a copious deposit of pus and blood, and some flakes of lymph; no discharge from the urethra. He had lost flesh and strength, and had become dispirited and extremely irritable, and his countenance was haggard and anxious. Tongue clean,—appetite good,—bowels regular,—pulse 80, small and weak,—no headache. The sleep being so frequently disturbed by necessity of emptying the bladder, he rises in the morning languid and exhausted. In order to ascertain the condition of the urethra, a No. 11 (Weiss) bougie was passed, and met with no obstruction, nor was any pain complained of, except as it was passing over the neck of the bladder. The deposit thrown down by the urine was examined under the microscope, and found to be composed of pus and blood globules, epithelial scales, and some crystals of triple phosphate. He was ordered Dover's powder at night.

Sept. 28, 6 o'clock, A. M.—He states that since yesterday he passed water about fifty times. At 6 o'clock, P. M. I injected the bladder with a solution of nitrate of silver containing two grains to the ounce, which caused very little pain. Ordered him to take Dover's powder at night, a warm bath immediately, and drink plenty of weak tea.

Sept. 29, 1 o'clock, P. M.—Pain ceased immediately on entering the bath. He has passed water only four times since 6 o'clock yesterday and the evacuation of the bladder is not accompanied by pain or scalding, and the pain above the pubis in the perinæum has completely disappeared. In all respects he feels much better, and the countenance has lost the haggard appearance it had latterly assumed. The urine is now clear and devoid of sediment. Barley-water for drink, and warm bath at bed time. Six o'clock, P. M. Passed water only once since last report, and even then he did so from a feeling that it was not right to allow the bladder to remain distended, and not from a desire to empty it.

Sept. 30—Passed water only once between ten o'clock last night and eight this morning.

Oct. 1.—Within the last twenty-four hours has made water only three times.

Oct. 2.—Injected the bladder again to-day with a solution of the same strength, which gave scarcely any uneasiness.

Oct. 6.—No return of the malady. He can now keep his water for six or seven hours, and it is quite clear and free from any pus or blood globules when examined under the microscope.

I have seen this gentleman very lately, and he assured me that he has not had the least return of his complaint, although he has imprudently exposed himself to wet, and severe cold on many occasions since I ceased to attend him.

The following case has been transmitted to me by Dr. Shewbridge Connor, Physician to the Fever Hospital, Carlow, one of the most eminent practitioners of Ireland, whose testimony must be considered as highly valuable.

"CASE II.—I attended Mr. —, a respectable farmer some miles from this, whilst he was laboring under fever, complicated with bronchitis.—When convalescent, he informed me that "for years he was obliged to empty his bladder oftener than any one else. He could not drive a mile without stopping several times; he said that occasionally he passed whitish-looking matter. Warm baths, buchu, and other usual remedies were prescribed by me without much effect, perhaps partly in consequence of his persisting to superintend his farm-work in cold damp weather.

In October, late one evening, he sent for me, and begged me to bring something to relieve him, as he was obliged to be up every minute, and was suffering intensely all the time. Fortunately, I had read some days previously your paper [*Dublin Medical Press*, Oct. 6, 1847] on "Injections of nitrate of silver in Chronic Inflammation of the Bladder." No practitioner that I have met, had or has tried it, but aware of the power of the medicine in other inflammations, I had no hesitation in acting on your suggestion, and accordingly injected five grains of nitrate of silver, two drachms of tincture of hyoscyamus, and four ounces of distilled water. The instrument was clumsy and not suitable—a small brass enema syringe, connected by a piece of bladder with the end of a gum elastic catheter. At the moment I could not get a glass syringe. Taking care that the nitrate of silver should remain only a moment in the syringe, I injected it, and compressed the catheter for about a minute or so to prevent the patient instantly discharging it, which he had a great desire to do. I then withdrew the catheter and left him for the night, having ordered [needlessly perhaps] flannels wrung out of hot water, to be applied for some time to the pubic region. Next day, he informed me that he had slept well, and had no occasion to get up for six hours. I passed his door and met him once a week at least, and he has never mentioned the subject unless when asked about it, though, at times, he feels a return of his complaint, which is so trifling, however, that he does not like *troubling* the Doctor. The long-suffering of the farmer class, when a Doctor is to be consulted, is the most remarkable in this part of the world.

"Mr. — now travels far by railway—not a very pleasant conveyance for a man with irritable bladder.

SHEWBRIDGE CONNOR, M. D.,
Co. Fever Hospital, Carlow.

CASE III.—Mr. —, aged 64, stout plethoric habit, contracted gonorrhœa about thirty years ago, and since then he has suffered from the following symptoms:—Pain across the urethra, after sexual intercourse, and after passing water.—great pain over the region of the bladder and in the perinæum,—urine passed every half hour, and sometimes much oftener. The urine was always fetid, turbid, and threw down a copious deposit of pus, blood, flakes of lymph, and mucus. At various times, his sufferings have been so great as to keep him confined to bed for months, and he has frequently been attacked with spasmodic stricture, causing retention of urine. According to his own statement, he has consulted med-

cal men in almost every city in North America; for, being the proprietor of a public exhibition, he has visited the principal cities frequently during the last nine or ten years. He has also passed through the hands of numerous quacks and charlatans. He appears to have derived the most benefit from the services of a surgeon in Richmond, N. Y., who advised him to use capules of balsam of copaiba, which he thinks have kept the disease in abeyance, more than any other treatment. In 1846, he applied to a surgeon in this city who gave him buchu and other remedies without any benefit. Between 1846 and 1848 he consulted some eminent practitioners in Philadelphia, but deriving no relief from their remedies, he began as he says, "to doctor himself with medicine similar to what he got in Richmond, which gave him temporary relief."

Sept. 12, 1848.—He consulted me, and in addition to the foregoing he complained of pain when he sat down suddenly, but had none on going to stool. The pain on pressure over the bladder was very great, but he had no pain shooting along the course of the ureter or to the kidneys; never passed any calculi. A No. 9 (Weiss) bougie was introduced into the bladder without any difficulty, except near the neck of the bladder, where the passage of it caused pain. No. 10 and No. 11 passed with equal ease.—The urine voided during the visit, was examined, and found to contain a large deposit of pus and blood globules, flakes of epithelium and crystals of triple phosphate, and, on being tested, the supernatant fluid was found to be highly albuminous. It was also much more foetid than I have found the recent evacuation of urine to be—even in a similar case. He was ordered to take that night, a draught composed of spirits of camphor, sweet spirits of nitre, and tincture of hyoscyamus, and the next morning the bladder was injected with a solution of nitrate of silver, two grains to the ounce; and he was advised to take a warm bath and to drink plenty of barley water.

Sept. 14.—For a few hours after the injection, he was obliged to empty the bladder every half hour—but towards morning, he could retain his urine for two hours and a half at a time. The smarting pain in the region of the bladder is much relieved; no pain over the pubis or in the perinæum. Continue medicines.

Sept. 15.—Last night, the weather becoming suddenly very cold, he made water more frequently than he had done during the day, but it was quite free from odour; and presented a healthy appearance. Continue medicines.

Sept. 20.—Injected the bladder again to-day, with a solution of four grains to the ounce.

Sept. 25.—Injected the bladder again, with a solution of the same strength as the last.

Sept. 30.—Injected solution, five grains to the ounce.

Oct. 3.—Repeated the injection. He can now retain his water for six hours at a time, which is quite free from offensive odour, and clear.

Oct. 6.—Injected again.

Oct. 9.—Injected a solution of the same strength. He can now retain his urine for seven or eight hours at a time, and, in short, feels no inconvenience from his old complaint.

This gentleman, who had passed several years in a warm climate, spent all last winter in Montreal, which was one of the most severe and coldest that has been for several years, yet he went out almost every day, and did not experience the least relapse, nor does he now, May 20, suffer from the least symptom of the excruciating and exhausting disease he labored under, for so many years, and which he had believed to be perfectly incurable.

CASE IV.—Dr. —, aged 30, in the active practice of his profession, in the Eastern Townships, consulted me for a severe attack of chronic cystitis which he had ineffectually attempted to cure by the usual remedies, and for which he had been under the treatment of a physician in this city, for nearly three months, without deriving much benefit. He stated that having been exposed to severe cold and wet, during a long drive in the autumn, he remarked, on reaching home, that he had some pain in making water, and scalding along the urethra. Of this he took little notice at the time, but the same symptoms continued unrelieved by the remedies he employed, and were soon attended with an urgent desire to empty the bladder almost every hour; the urine was passed in jets, and of turbid whitish color, throwing down a copious deposit of pus and blood when it had lain in repose for a short time, and he was affected with severe pain over the region of the bladder and in the perinæum at times which amounted to agony when riding on horseback, in the performance of his professional duties. He had latterly begun to lose flesh; and irritability of the mucus membrane of the intestinal canal, marked by frequently returning attacks of diarrhœa, added much to his sufferings. When he consulted me, he was much emaciated, the countenance wore a haggard and anxious expression; the pulse was small and quick; skin hard and dry, tongue, red, chapped; appetite bad, vomiting frequently, scarcely any food remaining on his stomach, except oatmeal porridge, bowels sometimes confined, but more frequently loose; sleep greatly disturbed by the necessity of frequently emptying the bladder; and his spirits, which before were good, were low and desponding. He was obliged to pass water almost every hour, and when examined under the microscope, the deposit presented precisely the same appearance that were discovered in the foregoing cases.

I ordered him a combination of mercury with chalk, rhubarb, extract of henbane, and acetate of morphia, all in small doses, to allay the intestinal irritation, and four ounces of distilled water, holding in solution eight grains of nitrate of silver, were injected into the bladder; and he was advised to take a warm bath immediately after the operation. The next day he felt much better, and the improvement continuing, he was not obliged to have the injection repeated. I again saw him last January, nine months after the operation, when he appeared much improved, had gained flesh and strength, and had no: the least return of his former malady. I had written to him a few days before his arrival in town, and in reply, I received the following note—

January 10, 1849.

MY DEAR DOCTOR—Your note was received, but not so soon as it should have been, owing to some neglect of the Post Office. I am happy to comply with your request, to furnish replies to your queries, as to my own case of cystitis. The disease has not returned, nor has it troubled me in the least, since I recovered from the first attack. I did not feel any inconvenience from the injection of the nitrate of silver into the bladder. I am happy to say, I never witnessed a more perfect cure than in my own case.

I remain, my Dear Doctor,

Yours, &c.

R. L. M'Donnell, M. D.

As the foregoing cases may meet the eye of some practitioners who have not seen my former paper on this subject, I shall make no apology for introducing here the directions laid down in it for injecting the bladder:—"The patient being placed either in the erect position or on a sofa, a gum elastic catheter, about the size of No. 9 or 10 (Weiss) is introduced, and water at the temperature of 98 deg. Fahr., is injected through this into the bladder, by means of a caoutchouc bag, or what I prefer, a

syringe, with a "three-way valve," by which the fluid can be drawn back from the cavity if necessary. After the bladder has been completely cleansed of any fetid urine and mucus which may be contained in it, the solution of the caustic, being heated to the same degree, is to be introduced in a similar manner, and, allowed to remain there for about one minute, care being taken, by compressing the urethra, to prevent its being forcibly ejected by the violent straining that is certain to be induced. The quantity of water or solution should never exceed four ounces, for though the bladder in its healthy state is capable of containing nearly a pint and a half of urine, without being over distended, yet as the quantity it is capable of retaining in severe chronic inflammation seldom exceeds a few tablespoonfuls, the bladder accommodates itself to its diminished contents, and gradually becomes smaller, and consequently a large injection would act injuriously in two ways—by over-distending the organ, or by passing up into the ureters. In fact, we find it unnecessary to use a larger quantity of the solution than I have mentioned, for it requires some address to use even that amount without resorting to force. The patient is then ordered a warm bath, and should the urine become bloody or mixed with shreddy concretions, he should use frequent fomentations and anodynes. But these symptoms seldom last more than a few hours, and our patients should always be informed that such consequences are likely to be the immediate effects of the operation."

The strength of the injection has seldom to be increased beyond five grains to the ounce, although in one instance, that of an old gentleman, aged seventy-two, I had to increase the strength *gradually* to ten grains to the ounce before a satisfactory effect was produced. It is, however, always better to commence with a weak solution, which may be made stronger, according to the circumstances of each case, and the judgment of the practitioner. Some of my patients have hesitated about undergoing treatment by injections, in consequence of their advanced age, but though the disease is not in such cases so easily cured, as in the young subject, it is still in the great majority of instances remediable by the same means, as was proved by the great relief obtained by a patient aged *seventy-six*, who was under my care in the Montreal General Hospital, within the last month, into whose bladder I injected, on two occasions, a solution of nitrate of silver, two grains to the ounce. He left the Hospital of his own accord, May 23, quite free from his former complaint.

The Surgeon should, in fact, show his patient that all general treatment and local and general remedies having failed, he has only two alternatives to choose between—a life of misery and suffering, a burthen to himself, and incapable for the enjoyment of society, or the performance of business—and submission to a plan of treatment which has been eminently successful in cases equally protracted and aggravated as his own, and in patients equally old and infirm, and who like him had spent time and money, and exhausted their patience in ineffectual efforts to get rid of a disease so formidable, so excruciating, and so disgusting to themselves and others, as Chronic Inflammation of the Bladder.

Montreal, May, 1849.—*British American Journal*.

8.—Treatment of Sore Nipples. By Collodion. †

The following observations are quoted from Professor SIMPSON'S paper on gun-cotton solution. It has been proposed to use the ethereal solution of gun-cotton for other purposes than the dressing and union of wounds—for example, as a substitute for the starch bandage in fractures; as an

application and dressing to ulcers, &c. In abrasions, and slight injuries of the skin and fingers it forms an excellent and adhesive dressing.— There is one extremely painful and unmanageable form of ulcer in which I applied it eight or ten days ago, at the maternity Hospital, with perfect success. I allude to fissures at the base of the nipple. Many practitioners know well the agonies some mothers undergo in consequence of this apparently slight disease; the ulcer or fissure being renewed and torn open with each application of the child. In two such cases I united the edges of the fissures, and covered them over with a solution of gun-cotton, making the layer pretty strong. It acted successfully by maintaining the edges so firmly together that they were not again re-opened by the infant; the gun-cotton dressing was not, like other dressings, affected by the moisture of the child's mouth; and as a dressing, and at the same time by securing rest to the part, it allowed complete adhesion and cicatrization speedily to take place. I have applied it also repeatedly to ulcers of the cervix uteri and other various cutaneous eruptions. Its application relieves at once the smarting of slight burns.—*Brit. Rec.*

9.—*Erysipelas Treated by Severe Cold or Congelation: with Remarks on the Superiority of this Agent as a Remedy for External Inflammation.*
By JAMES ARNOTT, M. D.

The congelation or freezing of the animal textures produced by powerful frigorific mixtures, may be considered in its threefold character of a remedy, a prophylactic, and anæsthetic, or preventive of pain in surgical operations.

Congelation is a remedy for many diseases affecting the nervous and vascular systems. Of external inflammation it is a certain, speedy, safe, and agreeable remedy.

Certain, because wherever congelation can be produced, inflammation ceases. Every other remedy of inflammation, as blood-letting, antimony, mercury, minor degrees of cold, &c., are more doubtful in their effects.

Speedy, because congelation instantly arrests inflammation. The congestive state which sometimes succeeds, has nothing of the character of inflammation, and none of its consequence. Where the degree of duration of the refrigeration has been insufficient, or where the cause of disease continues to operate, the inflammation will, after a considerable period, return; but a re-application of the remedy will again immediately arrest it.

Safe, because in no instance, of hundreds in which it has been employed, has congelation been productive of any injury or untoward effect. Blood-letting often proves destructive, by prostrating the vital power required for reparation; and the other remedies have all their respective evils or dangers. Still, as every other potent remedy may be abused, so might congelation prove prejudicial if too long continued, or if produced by frigorific mixtures of greater power than is required.— In some cases it may be proper that congelation should be followed by the application of the "current apparatus," or the means which I have introduced for regulating local temperature with precision, in order to obviate reaction of the deeper tissues.

Agreeable, because it is speedy,—because it instantly benumbs the part, and relieves the pain accompanying inflammation. Excepting a slight tingling when the congelation commences, and for a few minutes after its cessation, this therapeutical agent causes no unpleasant sensation; such as the pain from the operations by which blood is extracted,

or the fainting thus produced; the nausea and vomiting from antimony; the soreness of the mouth from mercury; the pain from scarification in phlegmonous erysipelas, &c., &c.

The prophylactic virtue of congelation is the power which it possesses of preventing inflammation of parts which have been subjected to its influence. Wounds produced by surgical operations (as already stated in my paper in the *Medical Gazette* of December 1st), have invariably appeared to heal more speedily after the application of congelation, than under the usual circumstances, and probably on account of the absence of any injurious degree of inflammation. Indeed, it was the observation of this effect of congelation in preventing inflammation, which led to its use as a remedy of the same condition; and conversely, had it been first used as a remedy, its preventive power would probably have been as soon discovered. This property of preventing injurious vascular excitement ought alone, and independently of its anæsthetic virtues, to render the use of congelation a preliminary to surgical operations, for even the smallest of these occasionally proves fatal, in consequence of inflammation. A sad illustration of this has recently been afforded by the lamented death of a very distinguished statesman, who fell a victim to the consequences of a very trifling operation performed to remedy an inconvenience so slight that it could scarcely be called disease.

The third medical property of congelation, is its power of preventing pain in surgical operations. Its excellence in this respect, compared with ether or chloroform, consists first, in its power of producing local anæsthesia while the consciousness of the patient remains undisturbed; and secondly, and especially, in its perfect safety. Since the publication of my former remarks on this subject, other sudden deaths from chloroform have been reported by the press: of eventual fatal consequences and other mischiefs there is no record.

The remedial powers of congelation in inflammation are proved by the following cases of erysipelas, in which it was employed:—

To the philosophic physician, acquainted with the history of the treatment of erysipelas, the announcement of a new remedy for it will probably at first appear only as another example of the common fallacy of attributing the cure of a disease to the use of a medicine or remedial means, merely because the disease ceases after it has been administered. But there is this essential difference between the means now recommended, and the numerous and diversified expedients hitherto resorted to in erysipelas, that the former has in almost every instance in which it had been employed produced an immediate and very obvious beneficial effect; whereas the latter, it will be generally admitted, have just as frequently appeared to be inert or injurious, as to be efficient and useful.

Congelation, in respect to its use in erysipelas, is what is termed a rational remedy. Its analogies with other acknowledged remedies of inflammation would recommend its employment in this disease. Much of the danger of the erysipelas which affects the face and neck, unquestionably proceeds from the extensive and severe inflammation of the skin; and to the suppression of this the efforts of physicians have been directed. Now, as cold is a remedy of inflammation of admitted efficacy, it is reasonable to suppose that by subjecting the diseased tissue, and this alone, to a short application of a much greater degree of cold than has hitherto been employed, a greater depressing or antiphlogistic power may be exerted. Again, as experience would show that bleeding when it produces syncope, is a more certain mode of checking inflammation than when it does not produce that effect, so severe cold or congelation,

which, like fainting, checks the circulation of blood through the part subjected to it, may likewise be useful, for the same reason, and under the same circumstances. The morbid action of the blood vessels being thus arrested for a time, the healthy circulation may, by the efforts of nature, be immediately afterwards restored. Such reasonings, however, are of little importance in comparison with the following facts:—

CASE I.—Charlotte Shepherd, 10 years of age, living at 17, New Dorset street, became a patient of the Brighton Dispensary on the 15th of Nov., 1843. When I first saw her, two days afterwards, there was much swelling and redness of the face, and the eyes were closed. Considerable fever was present, and, occasionally, delirium. She had been purged, and had taken antimonial and saline medicines without any mitigation of the symptoms. I applied a mass of pounded ice and salt, by means of a flat sponge, to each side of the face, for about a minute, or until large patches of the skin had become white and hard, or in other words, frozen. She did not complain of the application, but on the contrary appeared to obtain immediate relief. The salt was washed off the face, and the saline mixture ordered to be continued.

17th.—The erysipelas has extended to the neck, and has returned to one side of the face and the ear. Increase of delirium and of the general febrile symptoms. The frigorific was again applied as before, to the inflamed surface, and with the same immediate beneficial result. To take a laxative, and to continue the mixture.

18th.—The fever and delirium subsided towards the evening of yesterday. The swelling has now quite left the face, and nearly the neck.

From this period the convalescence was rapid. Little medical treatment, besides attention to diet, was deemed necessary during the remaining period of attendance.

A young sister of this girl was attacked with erysipelas about a month afterwards, and died after a fortnight's illness. The fever was typhoid, and she gradually sunk from exhaustion. She was judiciously treated by moderate antiphlogistic remedies in the first, and by tonics and stimulants in the latter stage. My opinion was requested towards the end; but I did not think that congelation could then be of service. I now regret that it was not employed, as, without putting the patient to the least hazard, it would have removed or lessened one cause of asthenia, and diminished one source of suffering.

CASE II.—W. Mansfield, aged 47, residing at No. 1, Leicester street, admitted a patient of the Dispensary, with erysipelas, on the 12th January, 1849. Was seen at first by the house-surgeon, who prescribed a laxative, and a saline mixture containing antimony. When I took charge of the case on the 14th, I found him laboring under the disease in its severest form. He had been very delirious during the night, and continued to be excited, and at times incoherent. The face was much swelled and distorted, and the eyes closed. He complained of a very painful sense of burning in the inflamed parts. There was much fever. I applied pounded ice and salt in a piece of thin silk gauze, to the whole of the inflamed surface, by shifting the bag from place to place, and with the effect of freezing large patches of the skin. Each application may have lasted nearly two minutes. There was a little smarting during and immediately after the congelation, but this was succeeded by complete relief. To continue the medicine already prescribed.

15th.—The inflammation on the face hardly perceptible, but has extended all around the neck and the pain is severe. Passed a restless night, and the fever, which had subsided for about twelve hours, again

rose to its former height. The frigorific was again repeated, and kept in contact with the different portions of the inflamed skin, until nearly the whole had become white and frozen. A mixture containing quinine to be substituted for the saline medicine.

16th.—Little appearance of inflammation on any part of the face or neck, and no uneasiness. Slept better in the night, though occasionally incoherent.

The fever has decreased. To continue the tonic, and to take wine.

From this time, and under the same tonic remedies, he recovered rapidly.

CASE III.—Harriet Tree, aged 4 years, residing at No. 16, New Dorset street, (next door to the residence of the girl whose case has been related), was admitted a patient of the Dispensary, with fever, on the 15th January, under the care of Mr. Smith, who obligingly transferred the case to me when the inflammation of the face had betrayed the nature of the disease.

On the 16th, inflammation was perceptible on both the cheeks and the forehead. I applied to these parts in succession a solid bit of ice, covered with salt, and which had been slightly hollowed into corresponding shape, by being held for a few seconds in contact with a jug containing hot water. The refrigeration thus produced was not sufficient to blanch the skin, though the application was made for more than a minute. A saline mixture containing antimony and hyoscyamus, to be continued.

17th.—The inflammation has spread over the face, and the eyes are opened with difficulty. Pulse febrile; restless, and apparently in much pain. A mixture of ice and salt was applied over the inflamed surface, but with little more apparent effect than on the former occasion, owing probably more to the insufficient quantity of the frigorific employed, than to the violence of the inflammation. A mercurial laxative to be taken night and morning, and the fever mixture continued.

18th.—Much ease appeared to have been afforded by the applications of yesterday, as she slept soundly for some time afterwards, and had immediately ceased complaining. The uneasiness, however, returned in the night, and she is now (3 P. M.) very restless, and raising her hand incessantly to her face, on which there are several vesications.—The frigorific re-applied for about a minute, and had the effect of freezing portions of the skin. After the skin had been washed, she was placed in bed and almost immediately fell asleep.

19th.—Better. The face is still swelled, and the eyes shut; but there is less heat in the inflamed part, and less fever. To continue the medicines.

20th.—The neck now much inflamed, as well as both sides of the face and both ears. The fever has increased. Tongue dry, with a brown fur in the centre: and the mouth appears inflamed. In the evening the frigorific was again applied, and much more effectually than on former occasions. About a pound of ice having been well pounded, (in a small canvass bag, placed on the brick floor, by means of a flat-iron), and quickly mixed with about half the quantity of salt, was put into a thin silk gauze bag, and applied for upwards of a minute over the face and neck, a third or fourth portion of the surface at the time; the frigorific being renewed for the last applications, and the melting ice being absorbed by cloths placed close to the bag or net containing it. The whole surface was thus frozen, and continued hard and white for half a minute. A mixture of acetate of ammonia and soda prescribed, and taken at intervals.

21st.—Much relief was given by the congelation, as on the former occasion, and the swelling of the face and neck has nearly disappeared, excepting the eyelids, which continue closed. Tongue dry and more furred. Pulse more frequent, and much restlessness. The sensorium continues unaffected. Refuses to take food, and has evidently pain from what is forced upon her, and a difficulty of swallowing it. The breathing is not embarrassed, and there is a frequent hacking cough.—To have wine and beef tea.

22d.—The inflammation has not returned in the neck or face, but appears to have increased in the mouth and fauces. Tongue very foul and dry. Pulse quick and weak. Occasional incoherence. To continue the wine, and to take a mixture containing carbonate of ammonia every four hours. An opiate at bed-time.

23d.—Better. Tongue more moist; less restlessness; takes nourishment more willingly. A laxative prescribed.

24th.—Recovering. When she was at last able to open her eyes, the conjunctiva of one was observed to be much congested; but there was no intolerance of light, or expression of uneasiness from this cause.

It will have been remarked in perusing the details of the above cases, that the beneficial effects of the congelation were immediate, and otherwise so well marked as to prevent any doubt of its efficiency. In this respect it is strikingly in contrast with the remedies hitherto employed in erysipelas. The practice of scarifying the inflamed surface, or puncturing all over with a lancet may frequently be of some service, notwithstanding the irritation which the wounds themselves, and their exposure to the air, must necessarily produce; but the painting of the part with lunar caustic, and the application of warm fomentations, or cold lotions, I am disposed from my own observation, to place, with respect to efficiency, in the same category with the old practice of the application of flour.

The absence of all injurious effect, or untoward consequence, from the congelations that were used, will also be equally obvious. The cerebral disturbance was uniformly relieved, and had the patient whose case is last related been of more advanced age, so that a solution of salt about the temperature of zero might have been easily applied to the mouth and fauces, her disease, I have little doubt, would have had an earlier termination. A stronger application of congelation to the face might, perhaps, have had a similar effect, by preventing the extension of the inflammation to the mucous surface.

The applications of severe cold were generally slight, and I am inclined to think that they would have been more efficacious had they been less so; that there might, at least, have been less necessity for repeating them. But there is, probably, no great difference, as respects the safety of the patient, between at once removing the inflammation and the susceptibility of its renewal, and checking it again and again on its approach; unless, indeed, the disposition to spread, just adverted to, be thus prevented. Some of the applications were milder than was desirable, on account of a defect in the means employed. If ice and salt be the frigorific resorted to, it is proper, where the skin is acutely inflamed, and consequently greater frigorific power is required, to employ it in the best and most effectual manner, as on the last occasion of its being applied in the case. The greater expenditure of material, now that ice can be every where procured at trifling cost, and in every season, is a point of no importance.

Although congelation may have no power in shortening the period of erysipelatous fever, or preventing it running through its several stages, (and it certainly did not appear to have this power in the third case related), it will obviate the danger that would arise from the accompanying external or accessible inflammation. The danger from small-pox is, *ceteris paribus*, very much in proportion to the extent and degree of the inflammation of the skin, and particularly, in the opinion of Sydenham, of the skin of the face. It is this, probably, which makes the great distinction, in respect to danger, between the distinct and confluent species; and the same principle probably applies to erysipelas. A high and extensive inflammation must (as has likewise been remarked by Sydenham) necessarily increase the febrile action in this disease, or cause as it were, a symptomatic fever in addition to that, which is specific, and tend to exhaust the animal powers—tend, in fact, to produce or aggravate the asthenia, which in erysipelas is usually the cause of death. Inflammation of other systems or organs, occurring in typhus and other febrile diseases, must for the same reason, and independently of any consequent disorganization, materially increase their danger; but in all such cases, whether the skin or internal organs be affected, there is, in addition, the irritation or injurious influence proceeding from the disturbance of the function of the inflamed part. It is, therefore, not only in erysipelatous fevers that congelation will be found a remedy of great importance in subduing local affections; it will probably be also very serviceable in other analogous diseases, accompanied with inflammation of superficial or other accessible parts. The skin, mouth, and throat, are obviously under its control; the windpipe and cerebral membranes are not probably beyond its reach. If the latter do not admit of congelation, they may have their temperature reduced to a much greater degree than has been hitherto attempted, and with great remedial advantage. The point to be aimed at is, perhaps, not so much congelation, as that degree of refrigeration which will *permanently* depress the nervous and vascular energies, or depress them without causing reaction. This must be far below the degree to which any application of water or ice will reduce the temperature of the part.

The notion that certain external inflammations are, even to their full existing amount, necessary safety valves or emunctories for the materies morbi, or are otherwise essential to the patient's safety, is now, happily, nearly exploded. Physicians have become well aware that hypothesis, or ill-founded theory, has formed the grand impediment to the progress of the art of healing; and in no instance has the superiority of observation to theory been more remarkable than in the modern treatment of erysipelas. Amongst other means of subduing the external inflammation, cold applications are now generally recommended; and in this improvement there is only a return to the practice of Celsus (Book v. 26), and of his successors for many ages. In confirmation of the downfall of the doctrine of metastasis from cold, the public lectures on the practice of physic of two distinguished professors in the colleges of the London University, and the lectures of the present occupants of the chairs of surgery in the medical school of St. Bartholomew's Hospital and University College, may be referred to. "There is no hazard," says Dr. Watson, speaking of the use of cold in erysipelas, "such as you may read of, of inflammation being repelled from the surface and driven in upon some vital organ." But even granting that cold, as it has hitherto been usually applied, is dangerous in certain specific inflammations from its tendency to cause the metastasis, (and there is little authority

in favor of its use in rheumatism or gout;) it must be especially borne in mind, that there is a wide difference between congelation and such applications of cold. At first it might appear to differ only in degree,—in being greater than these and consequently more dangerous; but in truth, it is much less a cooling application. If a physician wishes to heat a limb of a patient, he would surely have it immersed for half an hour in warm water, in preference to applying a red hot iron for a few seconds to the skin; and he would in cooling a limb make a similar distinction between continued cold and momentary freezing. Dangerous as plunging a limb affected with gout into cold water, according to Harvey's plan, may be, the same objection would not apply to the exactly limited and short application of congelation to the affected part; and the same observation would apply to the treatment of many varieties of rheumatism. Analogy, on the contrary, would point out such a remedy as one likely to be eminently useful in these complaints, in allaying suffering and preventing the disorganization of joints, while appropriate medicines were simultaneously exhibited as antidotes to, or evacuants of, the supposed *materies morbi*.

The resemblance between erysipelas and the exanthemata, or eruptive fevers, may have led to the unfounded fear of metastasis from cold; but although there are resemblances between these diseases, there are great differences as well: the frequency with which the same individual may be attacked by erysipelas is one of these; and the irregularity of the course of the disease, (supposing that there is only one kind of erysipelatous fever—a point by no means established,) is another. I believe that much more importance is attributed to the cutaneous eruption in diseases of this class than ought to be. If there be poison eliminated, there are other emunctories for this purpose besides the skin. As there is frequently scarlatina without eruption, so probably, measles and the fevers of erysipelas may exist without it. Nay, considering that cases of small pox occasionally occur with scarcely a dozen pustules spread over the skin, it is not very improbable that even this disease, (as was, indeed the opinion of Sydenham,) may likewise run its course, and the system be purged of its poison, without observable cutaneous affection. In the fever caused by vaccination, there is no eruption of pustules; yet, if there be poison evacuated in the natural small pox, it can scarcely be doubted that an analogous process takes place in cow-pox, which is only a modification of it. The immunity which many persons appear to possess from the contagions of the several exanthemata would thus readily admit of explanation; and more effort might be made (were this point established) to endeavor that the disease should run a milder or safer course, instead of "forcing the eruption out," or causing extensive and assuredly dangerous inflammation of the skin, and suspension or derangement of its important functions.

The necessity of repeating the congelations in the cases narrated above, may have been partly owing to the insufficient degree of many of the applications, and partly to the still existing cause of the inflammation—the exanthematous fever. While the cause of the inflammation continues active, a great change indeed would be required in the organization or function of the part to prevent its return. I do not say, that this cannot be effected by congelation, but when the application can be so easily renewed, without pain or discomfort to the patient, such a change does not appear very important. When congelation has been used to arrest the inflammation and suffering which arise from mercurial pyæmia, (and no remedy of this distressing state is comparable to conge-

tion in efficacy and celerity of action,) it has been usually necessary to repeat the application after an interval, on account of the persistence of the cause; and as the application of the frigorific immediately benumbs, the patient has never objected to its repetition. In suppurating boils, carbuncles and glandular swellings, when congelation has been used to put a stop to the suffering of the patient and procure sleep, it has been seldom necessary to repeat the application, notwithstanding the persistence of the cause, probably on account of the inflammation being thereby much subdued; and the formation of pus being rendered much slower, the parts are more adapted to it—the fibres have become not only less stretched, but in some instances the matter appeared to have become more absorbed, as the swelling gradually disappeared without breach of substance. It would generally, however, be a better practice in these cases, seeing that after a momentary congelation the abscess can be opened without pain, at once to liberate the purulent deposit and relieve the distant fibres by a free incision.

I trust that enough has been said to induce practitioners to have recourse to congelation in the treatment of erysipelas. Conscious that a strong prejudice exists against the employment of extreme cold, from the error of not discriminating between its effects when the body has been exposed for an unlimited period, and when it is employed remedially, and carefully limited in degree, duration and extent, I had almost determined not to write again on the subject until I had opportunity of doing so fully, and with a host of experimental proofs of my allegations; but the conviction that congelation is the only remedy to be relied upon in erysipelas, and that by its use much suffering and many lives may be saved, has persuaded me to the publication of this paper. I have only had the opportunity of employing congelation in the three cases of erysipelas which I have related, but the results of its application in these are sufficient to establish the excellence of the treatment. And the publication of these proofs, not only of the perfect safety, but of the great advantage of congelation in a species of inflammation which is usually considered as prone to gangrene, cannot fail to remove the apprehension of injury from employing it under different circumstances, and for other and not less important purposes. With respect to remedial properties, I shall, on another occasion, give illustrations of the use of congelation, in phlegmonous inflammations, chronic diseases of the skin, ophthalmia, &c.; and in certain neuralgic affections, including varieties of headache. Although headache may not often shorten life, it very often embitters it, by resisting every remedy that has been hitherto employed. In no disease has the efficiency, safety and speedy operation of congelation been more conspicuous than in this painful affection; which appears in many cases to arise from a more or less permanently morbid state of the nerves of some portion of the forehead or scalp.—*Monthly (England) Magazine.*

10.—*Expulsion of an iron Fork per anum. twenty months after having been swallowed.* By M. J. B. S. CHEMIN. (Translated by HENRY ROSSIGNOL, M. D., of Augusta, Ga.)

On the 15th May, 1847, I was called to M. Houe, farmer, aged 32 years. In endeavoring to extract a bone from the upper part of the œsophagus, he had swallowed an iron Fork coated with tin. It was five inches in length and about one in width.

The bone was scarcely arrested, when deglutition became very difficult; there was immediately a sharp pain felt about the middle of the ster-

num; a sensation of sticking and extreme uneasiness in this region; and respiration was anxious. M. Houe introduced a fork into the œsophagus, with the intention of extracting or pushing down the foreign body. This at first caused nausea, then such violent efforts at vomiting, that, in his sufferings he let the fork go, which, after a few attempts at deglutition, dropped into the stomach.

Becoming very uneasy about his situation, he went to Paris, hoping that the fork might be withdrawn from the stomach. He consulted M. Velpeau among others, who removed his fears, by telling him that no bad effects would follow the accident, and that it would be expelled, sooner or later, through the natural passages, without the necessity for an operation.

On his return home, he sent for me. I found him less uneasy in mind; but nevertheless he experienced great sufferings, particularly after eating or drinking. He is occasionally troubled with nausea; water rising frequently and abundantly to the mouth. The fork is believed to be in the larger end of the stomach, the teeth turned to the left side. It continued in this position fifteen days, then passed towards the pylorus, where it remained nearly four months. During this time, there was vomiting of black matter several times during each day. The mouth is continually filled with an aqueous fluid; excessive and incessant suffering; epigastrium very tender; pulse normal; tongue moist; no appetite; sensation of drawing about the stomach; impossibility of supporting the least food.

At length the fork passed the pylorus, and went through the small intestines in six weeks, and stopped for thirteen months at the ileo-cæcal valve.

During the passage of the fork through the small intestines, the pain was sharp and intermittent; impossibility of lying upon either side; walking and the slightest movements occasioned pain, and produced a sensation resembling pricking of needles. In the morning, M. Houe can, by palpation, feel the fork distinctly with the hand; he has great difficulty on going to stool.

After remaining five months in the right side, the fork began to dissolve. At this time, M. Houe experienced severe colics and passed matter of a black and brick-dust colour; continual constipation; abdomen much distended and very sensible to the touch; acute pains in the hypochondriac regions; violent colics; disgust; headache; sleeplessness; pulse natural; emission of urine frequent and painful; right testicle swelled. For the next eight months, constipation and diarrhœa alternately; colics less violent; blackish, stercoracious matter; abdomen tender; thirst great. [M. Houe consulted his taste only, drank from five to six litres of wine daily, and at breakfast thirty grammes of aniseed cordial to expel wind.] Appetite very great; an incessant desire of eating, [five to eight pounds of food per day, without satisfying the appetite.]

The patient nevertheless resumed nearly all of his former occupations, and recovered his strength. Towards the 10th of December, 1848, Houe experienced such violent colics and weakness, that he was near dying.

I was again called. On my arrival, I found the abdomen distended; a dull and deep pain was felt in the right iliac fossa; obstinate constipation for some weeks past; tongue moist; pulse natural. After taking 60 grammes of castor oil, which caused a large evacuation, he was relieved. From this period he has not suffered, believed himself rid of the fork and continued his ordinary occupations.

At length, on the 8th of February, 1849, twenty months after swallowing the fork, M. Houe suddenly experienced pains in the lumbar region

and a desire to go to stool. Stool copious, composed of bloody fecal matter, in which Mr. Houe found a large portion of the fork. It was the portion between the handle and teeth.

He is now perfectly well, and experiences no inconveniences whatever.

The treatment consisted of flax-seed tea, cataplasms, emollient injections and laxatives, [castor oil.]—*Med. Gaz. of Pa.*s.

OBSTETRICS.

11.—*Vicarious Menstruation.*

[Communicated to a distinguished Medical Gentleman in Philadelphia.]

DEAR SIR: Yesterday, quite an interesting, and, so far as my knowledge extends, somewhat unique case was presented to me for medical advice. The following is a brief summary of the case, as detailed to me by the individual herself.

Miss M., æt. 20, of medium size, and dark complexion, was attacked with severe pains in the uterine region, about one year or more ago.—She labored under a severe spell of sickness, under the care of Dr. Atlee and other physicians of Lancaster. For some time her life was despaired of, but she ultimately recovered, and for more than nine months subsequently was unable to *urinate*, save by the aid of the catheter. Her catamenial discharge appears monthly, and, according to her account, plentifully. Her menstruation continues usually about four days; but the most interesting part is, that, at each menstrual period, she spits up large coagula of blood, and there is also a discharge from one of her nipples of a sanguineous fluid, both commencing, continuing and stopping at the same time with that of the menses. Now I have heard of vicarious menstruation, but then there was no discharge from the uterus at the same time, or, if any, it was very scanty. Can it be owing to an engorgement of the stomach and mammæ at the same time with that of the uterus? and if so, whence the cause? Would it be dangerous to attempt arresting these periodical flows from the stomach and mammæ?—And if so, why should it be dangerous, inasmuch as a goodly discharge is going on from the uterus at the same time? The young woman is not any ways emaciated, but, on the contrary, looks quite plump, or, as the French would say, *embonpoint*. She is troubled with considerable pain in the small of her back. Time will not allow me to say more at present. I wish you to answer this immediately, and give me your opinion on the subject, treatment, &c.

Yours respectfully, W. R. B.

[*Boston Medical Journal.*]

12.—*On the Treatment of Asphyxia Neonatorum.* By J. O. FLETCHER, Esq., Manchester.

[Referring to the plan of treating still-born children by the use of warm and cold water alternately, Fletcher, says:]

I have been in the habit for some years of treating all such cases in a very similar way, and with great success. I first immerse the child in warm water, and, upon withdrawing it, cover the chest with a cloth or sponge well soaked with cold water (the colder the better :) again immerse it in warm water, and again apply the cold water, so on alternately using the hot and cold water, until there is evidence of respiratory movements. The first application of cold will generally produce a slight

sob, and repeated applications will establish respiration. I conceive the good arises from the sudden impression caused by the cold on the cutaneous nerves, (which are the principal) "*excitor nerves*" in the reflex action of respiration. This is followed by response along the "*motor nerves*" of this function as the phrenic, intercostal, &c.: hence the sob on the first application, and the establishing of respiration by being repeated. I have for an equally long period, been in the habit of ligating the cord before the complete birth of the child, in breech and feet presentations, sometimes even before the pulsations were obliterated, believing, as I do, that the child in these cases dies from hemorrhage into the placenta, arising from the umbilical vein being much exposed to pressure, by virtue of its superficial and unprotected position in the cord, which, together with the tenuity of its tunics render it very liable to have its current obliterated, whereas the tunics of the umbilical arteries are firmer, and they themselves much exposed; thus they are in a measure protected from the consequences of slight pressure. Therefore, the flow of arterial blood through the vein may become obliterated, whilst the venous blood continues to flow along the arteries, from the child, into the placenta, without there being any counterbalancing stream; hence the great mortality in these cases by the usual treatment, and hence the utility of ligating the cord early, thereby removing one fatal consequence; and, as it is well known that a child can breathe in the vagina, its chances of life are not to say the least diminished, but, I think, much increased; for out of thirty-seven cases that I have treated in this way, *two children only have died*, which is saying very much more than I can say for the usual treatment. In this class of cases especially, I think the good effects of alternate application of cold and warm water will be seen, if tried.—*Medical Times*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—PRACTICAL PHARMACY: *The arrangements, apparatus and manipulations of the Pharmaceutical Shop and Laboratory*. By FRANCIS MOHR, PH. D., *Assessor Pharmaciæ of the Royal Prussian College of Medicine, Coblenz*; and THEOPHILUS REDWOOD, *Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain*. Edited with extensive additions. By WILLIAM PROCTOR, JR., *Professor of Pharmacy in the Philadelphia College of Pharmacy*. Illustrated by five hundred Engravings on wood. 8 vo. pp. 576. Philadelphia. 1849. LEA & BLANCHARD.

At the present day when the medical profession every where is becoming aroused to the importance of a thorough expurgation of the *Materia Medica* of its adulterations and inert trash, the work before us seems to be very opportunely announced. In fact, every thing that tends to enlighten and guide the Pharmaceutist in his various operations in the laboratory and dispensary is now needed and imperatively demanded by the medical public. Such is the law, and such is public opinion, that we as a people have very little to fear from adulterated and

factitious drugs, disgorged upon our shores by foreign wholesale dealers. Foreign drugs now come to us in their simple unsophisticated state, otherwise they are rejected or destroyed by duly qualified government officers, appointed for their inspection. By the operation of these laws, the work of the American Druggist and Apothecary is materially simplified, at the same time his responsibilities are greatly increased, for if adulterations and impurities are hereafter detected in our medicinal preparations, the sin will be at his door, and he will be held responsible.

This work originally published not long since in the German language from the pen of Francis Mohr, was less than two-thirds as large as the present volume. It was translated into the English language and edited by Professor Redwood, by whom it was revised and enlarged by the addition of such materials as brought it up to the present state of English Pharmacy. In this form it fell into the hands of the American publishers, who secured the editorial services of Professor Proctor, of Philadelphia for the purpose of adapting it to the profession in this country. Respecting his contributions to the work, he remarks in his preface "In passing through the hands of the editor, the book has been increased more than one-fourth in size. About one hundred wood cuts have been added; the arrangement of the subjects materially changed, and the work divided into chapters, each of which includes either one distinct subject, or several that have a certain generic relation to each other."

As it would be impracticable to give any thing like a complete analysis of this work in the present number of our Journal, it may be proper and a matter of interest to our readers, to state here some of the leading subjects treated of.

The first chapter treats of the "general arrangement" of the drug shop and laboratory, and of its several compartments, furniture, &c.—The second of weighing, measuring and the determining of specific gravities. Third, on the sources and management of Heat. Fourth, on Steam, Heating apparatus and its application to the purposes of Pharmacy. Fifth, on Comminution and Pulverization. Sixth, Decantation and Washing. Seventh, Filtration. Eighth, the Press. Ninth, Solution. Tenth, Evaporation. Eleventh, Distillation. Twelfth, Sublimation.—Thirteenth, Generation and absorption of Gases. Fourteenth, General Observations on the preparation of the Fixed Oils and Fats employed in Pharmacy. Fifteenth, Miscellaneous operations chiefly mechanical.—Sixteenth and Seventeenth, Extemporaneous Pharmacy. Eighteenth, Apparatus for testing.

It will be seen by a glance at the above catalogue of general subjects, that while the work would be useful frequently to every physician in the country who bestows any attention upon the preparation of his own medicines, it will become a desideratum to every druggist and apothecary in the land. As druggists generally may not see this notice, nor have an opportunity of examining the merits of the work, it is hoped

that our readers who are all interested in the perfecting of the pharmaceutical art, will suggest to their respective druggists the advantages which may be derived from its careful perusal. There being no similar work of the kind extant in our language, it should meet with a ready and extensive sale. The illustrations, so essential to the elucidation of the subjects treated of, are numerous, large and beautiful. The paper and type are of the best quality, and taken all together, this superb volume is highly creditable to the distinguished authors and well known publishers.

2.—A MANUAL OF AUSCULTATION AND PERCUSSION. By M. M. BARTH, and ROGER. *Translated with additions.* By FRANCIS G. SMITH, M. D., *Lecturer on Physiology in Philadelphia, &c., &c.* Second Edition. 12 mo. pp. 167. Philadelphia. LINDSAY and BLACKISTON.

The little volume before us is a new edition of Barth and Roger's *Resum eon* auscultation, with the addition of a very excellent and succinct treatise on Percussion. The celebrity of the authors both in Europe and America, precludes the necessity of any extended notice or commendation of the work from us. It is compact and brief in the elucidation of the several subjects that enter into and make up the complete system of Physical Diagonosis, and yet it is sufficiently elaborate to give the student and practitioner a clear understanding of the science in all its parts.

This edition is edited and translated by Dr. F. G. Smith, of Philadelphia, who has accomplished his duties with the utmost fidelity. Its mechanical execution is very creditable to the publishers.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, NOVEMBER, 1, 1849.

OBITUARY.

It becomes our painful duty to announce to our readers the death of Dr. JOHN BUTTERFIELD, the Editor of this Journal. This sad event occurred on the 7th of September last, at Salisbury, N. H. It is proper that a brief record of his life and character should be made on the pages of the Journal which originated under his auspices.

Dr. Butterfield was born in Stoddard, N. H., on the 2d of December, 1817, and consequently was not quite thirty-two years old at the time of his death. His early years were passed in the place of his nativity, and in the neighboring Academy at Francistown. The maturity of his character, even when a youth, is shown by the fact that he taught a large district school, with much acceptance, at the age of fifteen years.

His parents afterwards removed to Lowell, Mass., and he was soon chosen Master of one of the Grammar schools of that city. In this employment he continued several years with great credit to himself and advantage to his pupils. During this time he took an active part in various enterprises which interested the citizens of the place where he resided. He was a fluent and able public speaker, and became one of the leading young men of the city.

He commenced the study of medicine under the direction of Dr. Elisha Huntington, an eminent physician of Lowell, and engaged in his new pursuits with a zeal which clearly indicated his future success. He attended one course of Lectures at the Berkshire Medical Institute, Mass., and graduated at the College of Physicians and Surgeons, New York, in March, 1841. After practising a short time in Littleton, Mass., he returned to Lowell, and formed a partnership with his late preceptor, Dr. Huntington. The extensive practice of Dr. H., afforded him an excellent opportunity for the study of disease, and he was not negligent of the advantages which his position presented to him. He tested at the bed-side of the sick the opinions which he had found from books and from the instructions of his public teachers, and observed with his own eyes the ever varying phase of disease.

In the Summer of 1843, an agent of the Trustees of the Willoughby University visited New York for the purpose of procuring suitable persons to complete the medical Faculty of that institution. By the recommendation of Dr. Willard Parker, who fully appreciated the ability and energy of Dr. Butterfield, he was appointed to the chair of Theory and Practice.

A new and interesting field of labor was now opened before him. He was young in his profession and young in years — too young, it will be thought by many, to occupy acceptably such a position. But, though he had been engaged in active professional labors only a short time, yet the period of his pupilage extended through four or five years, and in all that time he had been practically familiar with disease. He was ambitious and studious, and from the moment of his appointment he determined to spare no exertion to make himself an acceptable and useful teacher. He labored with great industry, and the large classes which attended his instructions, will bear willing and ample testimony to his zeal and faithfulness. He began his labors as a public teacher of medicine with hesitation and self-distrust, but, as was natural, he gained confidence as he progressed, and came at length to feel at home in the department which it was his duty to teach.

It is not necessary to enter into a detail of all that occurred during Dr. Butterfield's connection with the School at Willoughby. While he bore his full share of the labors, he did not shrink from the responsibility which his position involved. The scenes attending the establishment of a rival Medical Institution, are still fresh in the recollection of all who

were concerned in them, and this is not the occasion to awaken old jealousies, or arouse evil passions. We are sure the subject of this brief account was as willing to forgive and forget as any man living.

In 1846, by an act of the Legislature of Ohio, the Medical Department of the Willoughby University was removed to Columbus. Dr. Butterfield was the chief instrument in effecting this change, and none can now deny that it was a judicious movement. The Capital of a State usually possesses superior advantages for public institutions of nearly every kind, and Columbus, from its local position and the character of its inhabitants, is peculiarly favorable in this respect.

The rapid growth of this new Institution, for it was really a new one, the munificent gifts of the late Lyne Starling, Esq., the consequent change of name to the "Starling Medical College," the commencement of a costly and imposing edifice—these were the scenes which mostly occupied the attention of Dr. Butterfield during the last two years of his life. He regarded with deep and abiding love the College over whose birth and infancy he had so fondly watched, and he had no earthly wish more constant and strong than to witness its prosperity, and to be the instrument of adding to its usefulness and renown.

In September, 1848, the first number of the Ohio Medical and Surgical Journal appeared, and Dr. Butterfield became its Editor. For a year he labored, as his other duties and his failing health allowed, to make a profitable and popular Journal of Medicine. Its success was almost unprecedented in the history of medical periodicals, and afforded much gratification to its editor. The Journal received the warm commendation of some of the most distinguished medical men in the country, but it was not a fair sample of what Dr. Butterfield would have made it, had his health been good. Every number was prepared under the influence of depressing illness and anxiety.

In April, 1847, Dr. Butterfield had a slight hæmoptysis. This was the first intimation of the fatal disease which preyed upon him for more than two years, and at length terminated his life. We will spare our readers the sad recital of the anxieties and doubts, the hopes and fears which filled these two years. He contended with a resolute heart against disease; there was no unmanly yielding, but a resolute determination to live as long as possible, and to make the most of life while it lasted. At length, however, the disease obtained the mastery, and he sank quietly into the arms of death, as a child falls to sleep on the bosom of its mother. The brilliant intellect passed away, and the manly form was laid in the grave.

His last resting place is one of the most beautiful spots in the Cemetery at Lowell, Mass.

A post-mortem examination revealed extensive tubercular disease of the lungs, of the mesenteric glands and of that part of the intestines in the region of the head of the colon.

Sometime before his death, Dr. Butterfield commenced the preparation of a work on Physical Diagnosis. His design was to make a practical manual for students and young practitioners. He had thoroughly studied the subject, and was a skillful auscultator. He would doubtless have made an acceptable and useful book, but he left it unfinished — a sad memorial to his friends of earnest labors and blasted hopes.

It would be a mournful pleasure to dwell on the character of Dr. Butterfield as a man and as a public teacher of Medicine. But we forbear, knowing the strong repugnance which he often expressed to obituary eulogium. Let it suffice to say that the classes which heard his lectures never failed to respect and love their teacher; it will be regarded as no disparagement to his colleagues, either at Willoughby or Columbus, to say that he was fully equal to the best of them.

Few were those who knew him that did not love him. One of the most companionable of men, brilliant in conversation, generous almost to a fault, quick to learn and strong of memory, making the most of the resources at his command, ambitious of distinction without being guilty of any meanness to acquire it—alas, that he should have died so soon.

He was a communicant of the Episcopal Church, and died in the peace and faith of the gospel.

STARLING MEDICAL COLLEGE.—The preliminary course in this institution commenced on the 5th of October, and terminates with the week preceding the commencement of the regular session, which occurs on the 7th of the present month. There has been a very respectable attendance—about thirty were present at the opening of the course, and the number daily increased until the close, when the class numbered more than one hundred. Three lectures have been delivered each day by Professors S. M. Smith, Carter, Judkins, S. Hanbury Smith and Howard, besides the very valuable ocular demonstrations in microscopical anatomy by Dr. Gay.

Microscopical Anatomy, Minor Surgery, Physical Diagnosis, Insanity and Toxicology, every medical man will acknowledge, are subjects of the very highest importance, and it is a sufficient commendation of the October course, to know that these specialities are thoroughly taught and illustrated in it. The importance of this course is greatly enhanced, from the fact that these branches of medical science *cannot* be duly considered in the regular session. This valuable gratuity to the class, attended with a considerable sacrifice on the part of the Faculty, we are happy to say, is duly appreciated by a very large and unusually attentive body of medical students.

NEW COLLEGE EDIFICE.—It is a subject of painful regret to those more particularly interested in the prosperity of the Starling Medical College, that the new edifice now in process of erection, *cannot* be so far com-

pleted as to accommodate the Faculty and Class during the session already commenced. The Trustees have made every possible effort to advance the work, and such was its forwardness in the Spring, that we entertained sanguine hopes of occupying the building, though in an unfinished state. But the breaking out and continued prevalence of the cholera in our city, together with the impediments growing out of our omnivorous State House, which has swallowed most of the stone from the quarries, brick and other materials, workmen and all—have effectually crippled all our agents engaged upon the structure. However, though annoyed and incommoded by the disappointment, we are not by any means discouraged. The Faculty of the institution are disposed to redouble their efforts, and to endeavor to make up in professional and scientific advantages what is defective in physical conveniences. The members of the class are generally satisfied with the condition of things as they are, realizing doubtless that the character and contour of the external edifice, like the clayey tenement of the human soul, is of but little consequence when compared with the advantage and accomplishments within.

HONOR TO WHOM HONOR IS DUE.—An account of a case of tracheotomy performed by M. Ricord at the Hopital du Midi, where the operator finding that the machinery of life had ceased to act during the operation, applied his mouth to the aperture in the patient's throat, rendered very repulsive by the recent application of a blister, sucked out the pus and blood which were obstructing the trachea, and by artificial respiration restored the man to life, and finally to health, has been transferred from the columns of Medical Journals to those of the public papers, accompanied by sundry well-earned compliments to the truly distinguished and philanthropic Surgeon, who, laboring under choleric symptoms at the time, allowed no thought of self to interfere with the performance of his duties to humanity.

The action of Ricord was a noble one; worthy of himself, his fame, his character and his calling; and we are well pleased that a corner of the curtain which hides us from the public gaze, should now and then be lifted up to let the world see what manner of men we "Old Hunkers" are. For what does the world hear of the host of as good men and true as Ricord, who toil on through a painful life of self-sacrifice at the shrine of humanity, until they sink into the quiet grave, not "unwept," albeit "unhonoured and unsung." The noble act of Ricord is rivalled—nay, outdone—every day of the week, by thousands upon thousands of "country practitioners," in this great West, to whom such doings are habitual, but who would blush to see them in print. Who among them but rises promptly from their warm beds, at the summons of the sick, to ride perchance ten miles in the dead of the night—dark and stormy—limbs benumbed—teeth chattering—to the log hut where

some poor woman travaileth in the pangs and perils of childbirth, there to pass hour after hour at the bedside of the sufferer, in that cheerless, miserable cabin, and then their duties performed, return home to seek rest, warmth and food, and find it? no, to start off to some other sufferer, again to buffet the driving sleet, to ford the swollen creek, or cross the dangerous swamp, and for what reward? Well! they get well paid for their trouble, sneeringly says the worldly wise and worldly minded man. What do you call well paid, good sir? For what sum would you consent to be called up unexpectedly now and then, often just as you have closed your eyes in sleep, after a hard day's work? Would you think five dollars a rich reward? Of a surety, highly as you value the glittering ore, nothing like this would you look upon as "ample remuneration." Why the average pay which a country physician *receives*, taking one night case with another, would in any other trade or profession be thought ridiculously disproportioned to *the mere work and labor done and performed*; and yet how frequently does he receive nothing and less than nothing—not even thanks—but in return for all his most successful and unselfish exertions, is repaid with the grossest ingratitude. He does not *complain* of this, he does not court the martyr's crown, he abhors cant, and could never condescend to *ask* for sympathy and commiseration; he has the approval of his conscience, and hopes for the approval of his Maker, has enjoyed the pleasure of doing good, and has the proud satisfaction of feeling that he has been useful in his generation, and is content to plod on, loved and looked up to by those capable of appreciating the good sense that dwells in his head, or the kind feelings that warm his heart. Such are "country practitioners;" be their motto "excelsior."

PROFESSIONAL PECCADILLOES.—On looking over the September number of the London Lancet (American reprint) we stumbled on "Clinical reports of twenty cases of sterility;" we read and re-read, unable to find anything of an interesting or instructive character in the whole twenty. Here follow two specimens. "Case 2:—In the year 1825, in the Ukraine, I attended the Baroness F——, who was sterile, and who had likewise, for some time been afflicted with what was supposed to be encysted dropsy. I drew off by tapping, a large quantity of fluid, and she regained her health, and lived many years after, without any return of the dropsy, but had no children. Case 3:—June, 1831, Mrs. R——, aged forty, married fifteen years without ever having been pregnant.—Enjoyed good health until a few months ago, when a swelling appeared in the abdomen. Menstruation has continued regular till five months ago, then she became sick in the morning, with loss of appetite. There is slight œdema of the feet; the symptoms did not arise from pregnancy, but the precise cause was not ascertained. "In No. 5 it is stated it was not ascertained positively whether she had ever been pregnant, but it

was certain that she had never carried a child to the full term." Very exact of a truth—a most *curiously exact* observation of a case of *sterility*. Again, in Case 9: "The symptoms disappeared to a great degree in the course of a few months, but whether they returned I was not informed." Indeed! then really sir, we think you need hardly have taken the trouble to write out for the printer the most meagre and miserable history of the case, which precedes the sentence we have quoted. And who, gentle reader, think you, is the author of these "Clinical reports of twenty cases of sterility," which contain no information of the least practical value, which are not even classed or arranged in any way, from which no deductions are drawn, which are published without one word of comment, and which offer no evidence that proper investigation was instituted in order to discover the cause of the sterility, and which are, most of them, perfect blanks, as far as treatment is concerned? Is it some ignorant blockhead, itching to see his name in print—"a book's a book, although there's nothing in't"—or is it some old man in his dotage, who having been received mayhap with favor in more youthful days, now thinks that scraps from his case-book or portfolio, are good enough for the rising generation that is pushing him, and such as him from off their stools. Old men are apt to think those that come after them sadly degenerate, and to look upon them with contemptuous eyes. But 'tis none of these. The author of "Clinical reports of twenty cases of sterility" is—credat judæus! Robert Lee, M. D., F. R. S., author of some really excellent works on that very branch of medical art and science, to which belong such clinical reports. What does Robert Lee, M. D., F. R. S., mean by publishing such trash as this? Is it that he thinks to feed the physicians of 1849 with the crumbs that fall from his library table? Or is Robert Lee, M. D., F. R. S., so little known to fame, that he is fain to advertise himself by publishing clinical—save the mark!—clinical reports of cases of sterility? Obviously this latter explanation cannot be the right one; for every body knows that Robert Lee has done the state medical some service; hence, the other seems to us the only explanation we can give of such conduct, unfortunately not without a precedent. 'Tis not so long since our Marshall Hall thought proper to offer to the medical public, the sweepings of his study, done up into the shape and semblance of a book, for which high crime and misdemeanor he was duly castigated by those savage men, the critics. What sort of an opinion of the understandings and capacities of their medical brethren, must those have, who dare to offer such rubbish for their grave consideration! and to sign it with their names, too, is an abominable hoax—a piece of humbug—would that they would keep to the anonymous on such occasions. To waste *their* precious time, whose time is wasted in reading and reading again, articles like the one which has roused our ire, which they would not have honored with a second glance,

had it not been headed "by Robert Lee," is in our eyes, a crime against humanity. Completely taken in by said name, we modestly attributed our failure on the first reading to discover any thing in the article but words, words, words—to dullness of comprehension on our part, as doubtless thousands who read it will also do; we therefore waded thro' it a second time; we appealed to others, we actually read it a third time; still no end, object or meaning could we discover in the publication of these cases. Now we do protest most energetically, against this abuse, protest against this bad example, against its impertinence, its immorality, its reckless throwing aside of that respect for one's own character and dignity, and standing, which ought ever to characterize the physician—above all, the teacher. The great men, the sages of our time, at whose feet we have delighted to sit and learn wisdom, men, the keenness of whose intellectual vision has enabled them to unravel many a "tangled skein" of morbid action, to see and to understand, and understanding, to explain to others the right method by which to restore to life and health and usefulness, the sufferer who, but for them, would languish and pine, and die—such men must not stoop to littleness like this. They are the fathers of medicine, the men having authority, and we would not for a world lose our love and respect for them. We would have them patterns of morality, of magnanimity, of private worth, as becomes the high priests of the temple of Esculapius. We would have them remember that the eyes of the medical world are upon them, that the influence their characters exert for good or for evil, is enormous, incalculable, reaching over many generations, that they are hence responsible to the profession, and to society at large, in proportion to the eminence to which they have arrived. If they have faults—and who that is human has not—in the name of suffering humanity let them exercise a little more discretion, and not lay bare their shame for the medical reformers to point the finger of scorn at; he who reveals a weak point to the enemy, is a traitor in the camp, for well he knows that it will be selected for attack. We have ever regarded the heroes of the healing art, from that good old heathen Galen, who in learning and teaching to others, how fearfully and wonderfully we are made, thought he was "composing a solemn hymn to the author of our bodily frame," down to W. Hunter who expiring, wished he had "strength enough left to write a book on the pleasure of dying," as about as perfect men, as great examples, as can be produced, we care not in what walks of life. And shall the fathers of our times, the elders in the church medical, come down from this high estate, shall they lose that character for intellect and judgment, and learning and piety, and moral excellence, and patience, humility and industry, which has made them in all times the friends of the sick room, not indeed outwardly honored, not clothed in purple and fine linen, but personally loved, respected, revered—shall they take rank with the mean, the sordid, the vicious or the ignorant? Forbid it Heaven!

NOTE.—Since writing the above we have seen "clinical reports of twenty additional cases of sterility," in the October number of the *Lancet*, and have only to say that every additional case is an additional offence against the dignity of the profession.

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LATE APPEARANCE OF THE JOURNAL.

We owe our readers an apology for the very unusual delay in the publication of this number, which apology is contained in the simple explanation, that every exertion had been made to have it in our subscribers' hands by New Year's day, and we had every right to expect that such would be the case, when an accident to the press occurred, which, with changes of foremen and other difficulties in the printing office, occasioned the unavoidable delay. Our next number will—please God!—be mailed before the 1st March.

TO OUR SUBSCRIBERS.

We regularly mail the Journal to all such subscribers as have not notified us of their desire to discontinue it, presuming that they will not forget that our printer and book-binder have to be paid, and that as simple forgetfulness has, in all probability, been the cause of delay, they will, on the receipt of this gentle hint, hasten to forward the amount of their subscriptions by very next mail, in which case a receipt will be returned to them in the succeeding number.

Our terms are, payment in advance, and we wish to adhere to these terms as strictly as possible. Two dollars is a small sum for each individual, but it is the aggregation of these small sums upon which we depend for the support of the Journal.

J. H. RILEY, & Co.,
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CONTRIBUTORS TO THE PRESENT NO. OF THE JOURNAL.

E. C. Bidwell, M. D.
Theron Nichols, M. D.
I. R. Black, M. D.
R. K. Scott, M. D.
S. P. Hildreth, M. D.
F. Carter, M. D.
Jesse P. Judkins, M. D.
John M. Bigelow, M. D.

THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. II. Columbus, January 1, 1850. No. III.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*On the relations of Pathological Anatomy to Practical Medicine.* By the EDITOR.

Medicine is a practical and not a metaphysical science, and its history shows how unstable and short-lived have been those systems, whose authors, leaving the toilsome path of observation, analysis and induction, have gone astray on the attractive field of synthetic speculation. We now can scarcely, without a smile, read of a "*materia peccans*," a "*weakness in the organic movements*," "*exhaustion of the mechanical powers*," or some faulty condition of the blood, bile, or secretions, altogether imaginary, indeed never even investigated, gravely set down as the very "*causa et essentia morbi*," and yet what better results could we expect from attempts to rise from the consideration of the sensible phenomena of disease, up to the primitive powers of life, passing by those lesions which are the bond of union between the two—starting on the path of observation, but too soon turning aside therefrom. Morgagni it was, Morgagni, the pupil of Valsalva, who daring to break through the trammels of authority, brushed away the cobweb theories which dimmed the lustre of our art, compared the lesions found after death with the symptoms observed during life, and, as a general rule, truly set down the latter as effects produced by the former; indeed now-a-days none but a Homœopathist questions the proposition, that a knowledge of the intimate structure of organs, and of the rise, progress, and termination of the various morbid changes to which they are subject, is the only sound foundation on which to

base every investigation into the nature of disease, as well as every rational indication for its successful treatment.

Certain primary modifications—departures from the normal state of one or more organs—may of themselves, give rise to certain groups of phenomena, called symptoms, and though these symptoms may teach us a good deal as to the origin and progress of disease, we should never, by their aid alone, learn what its termination may be, what the lesions are which destroy or threaten life, how or why they do so; and yet this is the very knowledge which the physician wants, aye, and must have—he must know what it is which requires healing, and how he should proceed to assist the curative efforts of nature, if he is to treat disease otherwise than as an empiric, and a blind one to boot; to give us this knowledge is the business of *Pathological Anatomy*. We acknowledge that post-mortem examinations reveal changes which are often a consequence, and not a primitive cause of disease; but science separates the categories, arranges facts in their right places, explains the sequence of phenomena, shows that a certain modification of the state of an organ---inflammation for example---causes, or is followed by certain sensible changes in the part, which changes, though secondary, are often far more important than the primary affection; as in a case of chronic pleurisy, where we will suppose a collection of fluid in the cavity of the pleura, kills the patient by interfering with the functions of the heart and lungs; and yet the effusion was but an effect of previous inflammation. Again, false membrane in a case of croup, destroys life by asphyxia, yet is itself the result of a peculiar variety of inflammation. In neither case did the immediate cause of death constitute the disease---the disease was inflammation--and yet the period arrived when that was no longer the source of danger, but its effects became so. We need say no more on the value and importance of a knowledge of *the sequence of phenomena constituting the march of disease*, and of the wisdom of adopting the advice contained in the old motto, "*principiis obsta*"--conquer the first beginnings.

Symptoms are local or general; the former produced by those derangements of the functions of an organ which are the consequence of a morbid state thereof; the latter depending on the reaction produced in other systems by the local disorder. To the former alone, as being almost constant when properly sought after, are we to look for the means of determining the origin and seat of the disease; for the latter are subject to endless variety, depending on idiosyncrasy, varying degrees of sensibility, extent of primary lesion, &c. The

study of local symptoms has enabled us to banish from the list of diseases, many which are wholly symptomatic, yet were considered independent—such as several varieties of dropsy, asthma, angina pectoris, dyspnœa, palpitation, &c.,—to distinguish as really independent, such as had been wrongly referred to one and the same lesion, and to unite under one head such as had been wrongly separated. It had been asserted that most, if not all diseases, were general—that is essential—before they became local; and we must allow that the local disease is often so masked by the prominent general symptoms, or is so little marked by peculiar ones, as to be recognized with extreme difficulty, a difficulty that lent probability to a theory which is every day losing ground; while the progress of pathological discovery gives rise to a rational conjecture that the time is not far distant when it shall prove untenable altogether. At all events, from the moment the local disorder is detected, its removal becomes the one object, to accomplish which, all our powers must be exerted. Let it be distinctly understood, that we do not deny the existence of general diseases, in one sense, in all probability, such as have their origin in disorder of the nervous system as a whole, or a morbid change in the constitution of the blood, will always be considered general, for nerves and blood are every where; nor must we forget that Pathological Anatomy does not pretend that there is nothing beside what the scalpel, the microscope, and the laboratory reveal, for doubtless, there is behind all sensible morbid changes, some as yet unknown modification of the state of the nervous system, local, partial, or general. Pathology itself is still but a young plant, and pathological chemistry and microscopy are mere buds thereon. Numerous are the cases where it has but a negative explanation of phenomena to offer; for it does not teach that disease is material, simply that it is a modified condition of material; its object is to determine what the lesion is which gives rise to certain groups of phenomena called symptoms, what the primary modification producing lesion, and beyond that again—highest effort of human reason—what the very nature and essence of disease.

He alone is worthy the dignified title of physician, who at the sick bedside, recognizes by the rules of his art, with as much of ease and certainty as that art will enable him to do, the nature and seat of the disorder before him. The day has gone by when the mere routine practitioner might curl his lip in ignorant derision of terms denoting a knowledge beyond his ken, and exclaim, “what matters it how you name the disease, if I can cure it?” We think such a man would be ex-

ceedingly likely to mistake a pericarditis for an affection of the brain, and would be pretty sure to purge and bleed in hydrocephalic disease brought on by exhaustion, we have seen worse mistakes made, by men having authority too. And yet we do not neglect the fruits of purely empiric experience, for 'tis that which has taught us to use mercury in syphilis, iodine in scrophula, bark in ague, and a thousand similar good things; but fully aware of the importance of early recognizing the nature of the malady, and never losing sight of those organic changes causing suffering and death, to which Pathology teaches us that unchecked disease will surely lead, the true physician seeks to arrest the progress of this, that he may prevent the occurrence of those, by all the means at his command, from whatever source derived.

It may be truly said that when Bordeu first hazarded the assertion that every fever is caused by irritation in some viscus, he inserted the point of the wedge which Pathological Anatomy has ever since been driving home. Broussais, founder of the physiological school, saw in every such case but a variety of his favorite gastro-enterite; nor should we forget that his views, though narrow and partial, and therefore eminently mischievous, when made the groundwork of therapeutic action, were based on anatomical facts. The pathological school also seeks to localize fever, but it goes further, and looks for its origin in other lesions than inflammation or irritation.—Whether its generalizations have been carried too far or not, the effect of its labors upon practical medicine, has been to simplify nosology as well as nosography, by giving a determined form, literally a local habitation, a name, to many a disease which had hitherto lain entombed in a heterogeneous jumble of symptoms, called fever. This is much—but more than this, it has given the physician precise indications, where before all was conjecture—blind empiricism—compelling him to fix his attention on the local affections which are in most fatal cases the real and direct cause of death, and therefore always to be watched with jealous eye as the main source of danger. Take as an example, that disease which every day becomes of greater interest, and has been honored with such various epithets, the one more extravagant than the other, while a good name is still wanting. We mean typhoid fever, the nervous fever of old authors, the typhus abdominalis of the Germans, the dothinerite of the French, enteritis folliculosa, as some English writers have it, gastro-enterite adynamique according to Broussais. In this disease, Pathological Anatomy teaches us that inflammation of the aggregate and solitary glands of the ileum, tending to ulceration, with the

danger of perforation, is the characteristic lesion found in a majority of cases. Further, that the well-known typhoid exanthema is abundant in inverse ratio to the affection of the bowels; that is, that where there is much rose eruption, there is little inflammation of the mucous glands, and vice versa; then there is delirium and stupor, yet lesion of the brain is rarely found after death. What do these facts teach us, if not that to limit the disease of the bowels within the narrowest possible bounds, is a therapeutic indication never to be lost sight of during the whole progress of the disease: they teach us moreover, the folly of employing medicines which considerably increase the peristaltic action, or which prove a source of mechanical irritation: in either case, exasperating the morbid process which is one of the main sources of danger to the patient. We are not contending that an enteritis folliculosa is the essence of typhoid fever, any more than we suppose inflammation of the cutaneous follicles to be the essence of small-pox; far from it: not only is this lesion wanting in many cases (though the characteristic symptoms are then also wanting) but a similar and probably identical lesion has been found in adynamic scarlet fever, small-pox and Asiatic cholera, as well as after poisoning by lead, arsenic, alcohol and secale cornutum; all cases, be it observed, where a specific contagious matter, miasm, or poison has contaminated the system. Are then the mucous glands emunctories by which nature seeks to eliminate the morbid matter, or do they become diseased by the action of acrid fluids absorbed from the contents of the bowels in the manufacture of blood? Until we know more of their functions in health, we fear the question must remain unanswered. The blood, in typhoid fever, is invariably and remarkably changed in its physical properties, though pathological chemistry, as we have already remarked, is too young a science to afford us data on which to found therapeutic indications of any great value. In the exanthematous fevers, we find a similar change; a circumstance which gives more probability to the opinion now gaining ground, of the analogy between typhoid fever and small-pox, the one an exanthema, the other an enanthema. In the latter a contagium in the blood, either received from without, or produced within the system, gives rise to the phenomena of the disease; which phenomena are supposed to be produced by the effort of the constitution to throw off morbid matter, whose intrinsic nature determines the skin to be the organ of elimination, and vesicles proceeding to suppuration, the manner thereof. In typhoid fever, on the other hand, the bowels are in a majority of cases, the seat of the eliminatory effort,

and perhaps always normally, though by no means, invariably so ; just as sometimes happens in scarlet fever, where absence or incomplete development of the rash is replaced by affections of internal organs, and this may be the case in the cerebral form of typhoid fever, where the mucous glands are often found unaffected. Not but what lesions of the brain and its membranes sometimes coexist with lesions of the intestinal tube ; and in some fatal cases, no lesion either of the one or the other, is to be detected. What then is the true relation of the stupor and adynamia, which alone *invariably* characterize typhoid fever, to the affection of the intestinal mucous glands? Both are symptoms, that is secondary consequences, of a morbid state of the blood, a state evident to the senses, invariably present, becoming more marked as the disease proceeds, and known to be produced either by a contagium, miasm, or septic exhalation acting from without, or by want, depressing passions, fatigue, or acclimatization acting within ; and to the effects of these agents, animals are almost as susceptible as man, and in them similar phenomena follow similar exposure to similar morbid influences. Leaving the nature of these morbid changes in the circulating fluid altogether out of sight, it is evident that a blood so changed in its physical properties cannot be a healthy blood, cannot be expected to sustain the vital organs in the due performance of their functions. Indeed, the sinking of the vital energies is found to be exactly in proportion to the progress of the morbid change in the blood, so that life is sometimes extinguished by their failure, before an attempt has been made to rid the system of the poison ; in which case no other lesion is found after death, but a dissolved state of the blood, as it is called ; and this leads us to the consideration of one of the most practically valuable, and theoretically beautiful of the many good things with which the study of Pathological Anatomy has blessed us. Who does not remember the trembling anxiety with which he used to commence the use of stimuli in fever? What a contrast to the ease and certainty with which we now recognize the right moment for their administration. From the commencement of the adynamic stage, generally from the 9th to the 11th day, and precisely in proportion to its development, does the first sound of the heart become more and more abrupt, till it cannot be distinguished from the second sound in length, strength or tone, then it gets weaker and weaker, until no longer audible. The moment we discover this change, is the moment for giving stimuli, subject to some practical conditions which we have not time to dwell on here. The rationale of this phenomenon is this ; the sounds of the heart are, as we know, produ-

ced by the muscular contractions of the ventricles, the friction of the blood against their walls, particularly at the apertures, the concussion produced by brisk closure of valves, &c. As long as the stage of irritation continues, the muscular powers of the system are not very sensibly diminished, are even occasionally preternaturally exerted in delirious efforts, but as they fail, so does the prolongation of the first sound, which is mainly produced by the contraction of the muscular substance of the heart, gradually cease to be heard, and the sound caused by the shutting of the auriculo-ventricular valves, nearly resembling the second sound produced by the closure of the semilunar, is heard alone; finally even that ceases, the valves shutting with too little force to produce audible sound. If the state improve under the use of stimuli, the sounds return to their normal intensity and rythm in inverse order, and thus afford an equally good index whereby to regulate the quantity employed, the length of time during which their use should be continued, and the proper period for their abandonment.—We once had the pleasure to see a patient recover, in whose case the first sound was inaudible for three days, during which time he was fed on musk and old port.

We pass over diseases of the brain, in the diagnosis and treatment of which, vast improvements have been made, entirely owing to discoveries in *Pathological Anatomy*.

In the category of diseases of the spinal marrow and its membranes, idiopathic tetanus, which had always been considered identical with meningitis spinalis, has been shown to be a perfectly distinct disease, in which, not a trace of true inflammation is to be found. The active antiphlogistic treatment which alone offers any hopes of cure in the latter, is death in the former, while the administration of heroic doses of narcotics, especially opium, is the treatment which often restores a patient suffering under true idiopathic tetanus to health.

The diagnosis of diseases affecting the thoracic viscera, was a hundred years ago, so difficult, that Baglivi, a distinguished pathologist, exclaims, “*O! quam difficile est morbos thoracis cognoscere!*” We may now say *quam facile!* Would to God we could boast that our treatment had improved in proportion to our knowledge! Still, one result has been obtained of practical value; the power of distinguishing chronic bronchitis from tubercular consumption, a thing of no small importance, when we remember that while the former is often cured or palliated by a removal to a warmer climate, that course invariably hastens on a fatal termination in confirmed phthisis.

While on the subject of diseases of the respiratory organs, we would say a few words on one to which we have devoted

especial attention ; we mean Laryngismus Stridulus. Our experience in every respect corroborates that of Hugh Ley, who found that in most of the cases he examined, enlarged cervical or bronchial glands, exerted an injurious pressure on the recurrent nerve. How the Germans, who call the disease sometimes, Asthma Thymicum, Thymic Asthma, sometimes Spasmus Glottidis, can persist in laying all the blame on the poor thymus gland, we cannot imagine, for on their own showing, they have found it hypertrophied, atrophied, schirrous, tuberculous, hardened or softened, and of a surety, it requires more credulity than we can boast, to believe that such diversified states of an organ can produce *identical* symptoms ; besides, they have never attempted to show *how* a diseased thymus gland produced the symptoms of Laryngismus Stridulus ; they talk of its having been a source of irritation to the lungs or heart, but the disease does not affect either the lungs or heart, but the glottis. The fact is, the anatomy of children has been so little studied, that appearances which are not morbid, but simply natural in the young subject, peculiar to the stage of development, are continually being put down as results of disease ; when one begins the rest follow in the track, taking the ipse dixit of the first blunderer for sober truth, without taking the trouble to examine, much less to think for themselves. And what has been the effect of neglecting to consult Pathological Anatomy in this case ? Why the mortality has been increased a hundred fold by the use of antiphlogistic, where the simplest antiscrophulous treatment was indicated. Kopp, a great Teutonic authority, killed nearly all his patients with calomel and leeching. Rullman boasts of having brought about a cure in two years and a half ! and Pitschaft of having *sustained the patient* (the disease he should have said,) for three whole years, to die at last, the victim, poor child, of the good intentions and ignorance of its doctor. On the other hand, Hachman, Ley, and others have employed the simple means suggested by correct views of the pathology of the disease, with such success, that probably not more than one out of twenty dies, when the patients come early under treatment, and a cure is often accomplished in two or three weeks, or less.*

Of diseases of the heart, we will only remark that if the method of physical examination had done nothing more than enabled us to recognize in time to save the patient frightful sufferings and a lingering death, those affections of that organ which Pathological Anatomy teaches us accompany acute

* We would not have it understood that we consider Laryngismus stridulus as *solely* attributable to the pressure of enlarged cervical or bronchial glands on the recurrent nerves, only insist on its very superior frequency as a cause.

rheumatism in so large a proportion of cases, it would have immortalized its discoverer. For comparatively little does it avail to know that a man has serious valvular disease, when too late for the employment of other than palliative remedies, and but rarely could the imminent danger be detected by other means than auscultation. The following instructive case came under our notice a few years ago: a person sickened with symptoms which the young physician called in, immediately recognized to be those of pericarditis. He explained to the friends the imminent danger, and the active treatment necessary, and requested a consultation with a distinguished Professor of clinical medicine. Accidental circumstances prevented the attendance of this gentleman, and the Nestor of the place was called in instead, a man of very considerable learning and practical skill, but a staunch partizan of the old school, despising auscultation, and looking upon all who practised it as either knaves or fools; the old gentleman pooh-poohed the diagnosis of the young one, and declared the symptoms to be merely hemorrhoidal, ordering a little sulphur, cream of tartar and so forth. In due time the patient died; a post-mortem examination was insisted on by the younger physician, which showed that he had been right in every particular. We shall never forget the look of the old gentleman, when the heart, with its pericardium covered with adventitious membrane, was placed before him, and he was asked if he called *that* hemorrhoidal disease, he answered by taking up his hat and leaving the room.

What light has not Pathological Anatomy shed upon diseases of the arteries and veins? how does it day by day lift some additional part of the veil which conceals the real nature of certain diseases of the vascular system from our view?

We often hear the question put, "what avails refinement and accuracy in the diagnosis of diseases of the heart? after all we cannot cure them"—and this in the teeth of the fact, that the inflammatory affections of that organ are, when early discovered, often perfectly cured, while a suitable treatment of those cases where valvular disease is already established, a treatment altogether based on the revelations of Pathological Anatomy, has prolonged life twenty or even thirty years. Improper, or no treatment, on the other hand, would have left the patient liable to be suddenly cut off at an early period, or to die by inches, after protracted, almost intolerable suffering. We need only name angina pectoris, asthma, dyspnœa, palpitation, dropsy, and so forth, all now known to be often mere symptoms of heart affections, though, as we have already remarked, formerly considered essential diseases.

We might vastly extend the catalogue of benefits conferred by Pathological Anatomy on Practical Medicine, did our readers require proofs of the reality and importance of those benefits. We will conclude with a few words on the mental and moral qualifications necessary to a right study, with a view to a useful application of the truths with which that science presents us.

In a science like that of Medicine, where the physician is so to speak, high priest at the altar of health, guarding the sacred flame of life, clothed in a dread responsibility, the one moral quality, inclusive of all others, which he ought eminently to possess, ere even he enter the sanctuary, is *probity*. 'Tis well if he be master of the art of observing; but that is a vocation to which one must be as much born, as to that of a poet or painter. Biassed by fashionable theories, oftentimes promulgated by men lacking that moral quality we have mentioned, he is too apt to see just what he wants to see, to find those changes which preconceived notions have led him to expect to find; to connect the lesion with the symptom, as cause and effect, without the employment of that cautious deduction, that rigorous impartiality, that stern logic which alone enables a proposition to pass muster in other sciences; and finally, to attach too great a value to medical statistics, which, though very useful in determining the relative frequency of disease at different ages and in different sexes, its relations to change of season, &c. sometimes leads to results whose value may safely be represented by a round 0; at others, exercises a most pernicious influence on the practice of medicine. Having thus skillfully steered clear of these difficulties, and collected a number of facts that are facts, he proceeds to class them in homogeneous groups or families, and finally, to reason on them, to draw conclusions, to frame a theory; and now, what new difficulties beset him? His sympathies are all enlisted in favor of the new born bantling of his brain, whose image ever present, first obscures, then hides from view, all probabilities the other way, until he finally believes that which at first he only wished to be true; for the mind is subject to illusions, just as the sense of sight, mature reflection correcting the false reasonings of the one, as touch corrects the false impressions of the other. But should he pass the ordeal unscathed, and from the decomposing ruins of mortality, dig out such truths as some of those on which we have touched in these desultory remarks, he has emphatically accomplished the object of life, *he has not lived in vain*.

ART. II.—*Case of Labor.—Chloroform.* By E. C. BIDWELL, M. D.

In March, 1848, Mrs. M., the subject of the following case, arrived at the term of her first pregnancy. The practitioner who then attended her — whom I conclude to be one of that class of quacks in the profession, who do more to injure its character and standing, than twice the number of quacks of whatever name out at it—after the labor had been some twenty-four hours in progress, with no untoward or unusual symptom, so far as the woman or her friends ever knew—suddenly discovered and announced that natural delivery was impossible, and proceeded immediately to perform cephalotomy, to the great injury, as well as disappointment, of the mother expectant; after which he left her with the comforting assurance that she never could bear a living child at full term.

It is also worthy of note, that just a week previous to the occurrence of the present case, she experienced a fall from a slip of the foot, by which she was much injured. She was treated with venesection, &c., at the time, but had scarcely recovered from its effects when labor came on.

September 19th, 1849. At 3 o'clock, A. M., she awoke in pain, accompanied by the immediate discharge of a portion of the "uratus." Slight pains, each expelling more of the *liquor amnii*, continued at intervals, till the latter seemed to be exhausted. In the afternoon, the pains became somewhat more severe. On examination *per vaginam*, the *os uteri* was found dilated and soft; the head presenting at the superior strait, in the second position, (of Dewees.) On the occurrence of a pain, the head was felt to recede at first, the abdomen becoming full, prominent and tense, and it was only for a moment just at the close of each pain that the protruding part was pressed down with proper force and in the proper direction. This induced the suspicion of that peculiar state, characterized by the contraction of the circular fibres of the uterus around the neck of the fœtus, sometimes called "hour-glass contraction." But as it was apparent, from occasional examinations, that progress was made, she was left without interference till about midnight, some twenty hours or more after the commencement of labor, when that progress seemed to be arrested, and the pains less efficient. The pulse, &c., indicating the abstraction of blood, sixteen ounces were taken away, with the effect of producing considerable faintness, but not complete syncope. It is possible that, had the depletion been carried further, the effect would have been better; but, as it was, no immediate change was perceptible in the character of the pains.

An hour or two afterwards the normal intermission between the pains disappeared entirely, and for near half an hour there was a constant pain, not very severe, and not at all propulsive. It was now, I suppose, a proper case for instrumental aid; and had forceps been at hand, I should have employed them. In their absence some other expedient was necessary.

Knowing that chloroform sometimes suspended the uterine contractions for a brief period at the commencement of its operation, allowing them afterwards to be resumed, and to go on uninterruptedly, though its full anæsthetic influence was maintained, it occurred to me that it might have that effect in this case, and that when the contractions were renewed, it might be in a more regular and efficient manner. With this hope, and calculating that, if it failed, she would at least gain a few minutes for rest, and I for reflection, I commenced administering chloroform in the usual way. An unusual quantity—near half an ounce, was required to bring her fully under its influence; but when that point was obtained I was gratified to find my expectation of uterine relaxation completely realized. This state continued fifteen or twenty minutes, during which the inhalation was continued at intervals, sufficient to keep up the anæsthesia. Before the effects of the chloroform were dissipated, the pains were renewed, intermittingly, normally and efficiently. At 5 o'clock, having been twenty-six hours in labor, and one and a half from the first inhalation of chloroform, she was safely delivered of a large male child, weighing eleven pounds and a quarter "dressed."

Having occasion to introduce my hand for the extraction of the placenta, which was obtained, I had a manual demonstration of the nature of the difficulty, and found my diagnosis correct. The circular fibres of the middle portion of the uterus were closely contracted around the cord, firmly holding the mass of the placenta beyond.

This was evidently the only difficulty in the case, and it was not the one, if there were any, that occurred on the previous occasion, already referred to. There was no abnormal diminution of the pelvic cavity, or its outlet.

The action of chloroform in this case, gives it, with me, a new value in obstetrical practice, and raises it in my estimation to a higher rank than that of a mere assuager of pain, to that of an actual promoter of the process. I know of no other means, at the same time so pleasant and harmless, from which to expect, in the accident in question such prompt and efficient assistance.

KEENE, Ohio, September, 1849.

ART. III.—*Typhoid and Bilious Fevers.* By THERON NICHOLS, M. D.

In the Transactions of the Medico Chirurgical Society of Cincinnati, for March, 1849, a very learned member of that society is reported to have said that "no patient if salivated will ever die of Typhoid Fever." Before making this remark there seems to have been some discussion concerning the nature of *Typhous* and *Typhoid* fevers, and no distinct pathological difference pointed out, or any mark by which they were to be designated from the low forms of Bilious fevers, which prevail more or less, in the vicinity of all miasmatic localities.—In this section, as far as I am aware, most physicians are inclined to call all fevers Typhoid which assume a low type, regarding them as essentially similar in their pathology.

The Bilious fevers which have prevailed so extensively in this section for the last three or four years, especially on the Rivers, frequently assume this *low type*, dependent upon the general influence which miasmatic causes have upon the nervous system, as evidenced by the various forms of neuralgia which prevail, in these localities; yet the disease is over when the secreting organs, especially those of the liver and digestion are seriously implicated, and that too in its very onset.

That class of symptoms which arises from the derangement of these functions, is among the very first noticed, and is generally the most obstinate during its progress, requiring more especial attention than any other. Great tenderness not unfrequently occurs over the hepatic and gastric regions and enlargement of the liver, with a tumified condition of the abdomen are among its common symptoms. The discharges from the bowels become exceedingly deranged, and a substance not unlike "Black Vomit," is frequently thrown off from the stomach and bowels, especially in grave cases. In a great majority of these cases of any severity, the nervous system is seriously affected. Subsultus tendinum being present with wandering delirium, or that condition approaching to coma.

The dissections which have come under my observation, reveal, materially, the following facts: That the liver is gorged with black blood—the mucous membranes of the large intestines often show evident marks of extensive inflammation, and are not unfrequently loaded with this substance similar to black vomit.

Very generally the lips and teeth become loaded with sordes, and occasionally copious dejections of pure blood occur just previous to death.

In this form of disease, dissection reveals what would be readily inferred before death, *that its immediate effective cause is the derangement of the important secretions.*

That a moderate use of mercurials under these circumstances would be useful, it is believed, universal experience has fully taught, though, to what extent *Ptyalism* is necessary, is somewhat questionable. If it be a disease of secretion, then ought it to be treated as such, precisely as if the term *fever* had never been applied to it, of course, notwithstanding tonics and stimulants, when symptoms indicating their use arise.

There is another form of fever which prevails at interrupted periods, to a considerable extent upon the highlands between this and Lake Erie, which has also borne the name of Typhoid fever, having many symptoms in common with the disease last mentioned, but differing from it materially in its pathological characteristics as revealed by dissection.

I will extract from my Note Book, as a convenient method of giving the post mortem appearances as I have noticed them. The liver appeared of a natural size, the veins containing a small quantity of blood of a fluid semi-dissolved character, otherwise, appeared healthy—stomach and large intestines appeared natural, but the latter contained a thick yellowish fluid similar to what had been discharged before death.

Small Intestines—show strong evidences of previous inflammation; the mucous membrane of a reddish vascular appearance; the mesenteric glands have evidently been involved, several of them softened and some ulcerated; the vessels of the mesentery enlarged, appearing very obviously.

There is one peculiarity connected with the form of fever under consideration, and that is the persistence of the diarrhœa, which is almost sure to set in as early as the seventh day, and often earlier, alike uninfluenced by calomel and opium either conjointly or separately, and often uncontrolled by any remedial agency. The discharges in some thirty cases which I saw two years since, were thin and of a color similar to that caused by the use of Rhubarb, the cases appearing in every essential like the one in which the above post-mortem was made, with the exception that none of them were fatal.

By comparing the autopsical appearances of the two forms of fever, the one showing cause of death in the *larger secreting organs* or accidental local inflammation, and the other in the *small intestines, mesentery and its glands*, there seems to be very obvious grounds for a distinction in their classification.

Now the use of mercury to any considerable extent in the latter form of disease, or true Typhoid fever, farther than to relieve any accidental derangement of the secretions that may arise during its progress, especially to carry it to *ptyalism* is to say the least very questionable, judging from the experience which we have had in this section for the last few years.

As all important as it may be in any disease, to fully recognize its pathological character, in none does it seem more so than in the two forms of fever under consideration.

While the one will require the steady use of mercurials until the secretions are established, in the other, depending upon inflammation of some of the smaller glands, and those glands easily irritated under mercurial action, it is a just cause of doubt, whether we should resort to it, save for temporary purposes, to relieve such accidental complications as may arise during its course.

The above is not presented as a history of these fevers, but merely to note some points of variance in their pathology, from which practical deductions may be drawn, which will assist in some degree to point out a rational mode of treatment.

October, 1849.

THERON NICHOLS.

ART. IV.—*On Malaria*. By J. R. BLACK, M. D.

[Continued from Vol. II. No. I.]

Dr. Ferray remarks on Temperature and humidity, "That although the essential cause of malaria may remain forever involved in obscurity, yet the important agency of heat and moisture in its causation, as shown in the statistics of our troops, in the fact, that the autumnal ratio of intermittents and remittents is five fold greater in our southern than northern latitudes, and that a contrast equally great is exhibited between the first and third quarters of the year, is satisfactorily demonstrated." A little farther as he remarks, "that the law of the sickly season, coinciding with the time when the greatest heat and moisture are combined, is afforded in the fact, that portions north and south of the equator, in consequence of the seasons being reversed, become most insalubrious at periods precisely opposite," and in the operation of these agents "this striking peculiarity obtains, that heat acts in proportion to its intensity, whilst an excess of moisture is no less inimical to the generation of malaria than its deficiency."—*Amer. Jour. Med. Scien.*

Heat may be intense without being injurious—the danger is not in the rise, but in the sudden fall. It stimulates the organic, and acts as a sedative on the animal functions of the body. This stimulant influence seldom reaches a truly morbid state, it may amount in those not habituated to a high temperature, to a trifling eruption, or even in some rare instances to sudden death, as in *Coup de Soleil*. But with these exceptions there are no diseases, attributed by the savans in medicine, to a uniform heat. It is true that many refer hepatic

diseases to this source; but even these may be shown to proceed from irregularities of temperature. The liver performs its function naturally whenever a due amount of healthy stimulus is supplied by the blood; let this be excessive, defective or depraved, and disease will speedily ensue. It co-operates with the lungs in ejecting a large proportion of effete carbon from the blood. It is most active in Summer. The lungs in winter, in consequence of the diminution of oxygen, inspired when the air is rarified by heat, and the increased amount when condensed by cold. This intermission in activity of function, is undoubtedly a prolific source of disease, and there is every reason to believe that if this activity was continued in place of intermittent, disease of this organ would be as rare in tropical as in temperate climates.

Of all the vital stimulants, heat is the most potent and essential. Vegetable and animal life are intimately dependent on it, and the growth and increase of each is generally in proportion to its elevation. Its sudden absence from vegetable life, causes speedy dissolution or a cessation of all the signs of life, not unlike animal hybernation. When suddenly abstracted from the human system, death is not unfrequently the result. The important influence of external temperature in the production of this effect, is demonstrated in the fact that all over the world, at whatsoever season or situation, the temperature of the body is really or quite the same. Yet the draughts of water at the same temperature will produce in the reverse of the seasons, opposite results—in Summer, death may ensue, while in the Winter, a pleasing glow of heat prevails the whole system. The higher the thermal range, the more danger is there of mischievous results. Let one draught of water be taken at 51° while the air is 100°, and another at 32°, while the air is at 82°, and the former will prove infinitely more dangerous than the latter. It is also observed that, changes of temperature are felt more acutely in tropical than in temperate countries. The greater the extreme, the more sensitive is the body to the slightest change.

Its change from cold to hot, is not so injurious as vice versa. The stimulant influence on the organic and the concomitant depression of the animal functions induces a degree of torpitude and oppression not incompatible with health; but where an abstraction of the stimulus occurs and action is retarded instead of exalted health is quickly undermined—a thing quite conformable with the action of all natural or vital stimulants.

Although alcohol is far from being a vital stimulant, it is, nevertheless, found that its immediate action develops no positive disease; but that its sudden withdrawal after profuse in-

dulgence, is succeeded by a state of proximate danger to life. What effect then might we not anticipate from the abstraction of the most powerful of all natural stimulants, when the denial of an artificial one can induce such fatal consequences. Might it not be rationally expected, that the sudden transitions of temperature in southern climes, can account for a large proportion of endemical diseases—of diseases that show in rapidity and depression of the powers of life, a perfect accordance with the amount and intensity of the cause. In warm climates, the temperature often falls 10° 20° or even, according to Dr. Johnson, 70° in the course of a single night. This occurs most frequently during the Spring and Autumnal months, on humid soils, clear nights, and unsheltered parts. The system is, in a great measure, rendered insensible to these rapid diurnal changes by the intervention of other circumstances. The air being loaded with humidity, has the same influence on the sensible and insensible perspiration as on the evaporation from a surface of water. This suspension of exhalation from the body atones for the abstraction of caloric on the same principle that is illustrated by Dr. Faraday, in the following words: "Although the temperature may be 20° or 30° higher here than in England during the heats of Summer, yet we suffer but little more from its effects, for the air of the latter country, is more loaded with humidity, causing a diminution of temperature—a languor and listlessness with an indisposition to corporeal and mental exertion." Persons of a feeble habit are wont to complain after rain, of the heavy damp air, whereas the barometer indicates a lighter and more elastic state than before its saturation was effected. A kind of incipient febrile state is thus induced, which prevents any uncomfortable feelings from the abstraction of caloric by the damp and really cold air.

A curious and instructive experiment is recorded of M. Brachet by Dr. Watson, who several nights in succession, bathed in the river Saone, on the sixth hour succeeding, he had all the phenomena of a regular ague fit. The great danger in tropical regions, of seamen passing the night on shore, arises from the operation of similar circumstances, it is always enhanced by proximity to the earth, and when the unwary mariner yields to the temptation of making the earth his bed, death is his usual doom.

Our theory then amounts simply to this, that whenever circumstances are favorable to great animal changes, there will be such an abstraction of caloric and electricity from the body, as to cause all the different forms of malarious diseases.. The

higher the stimulation by heat, the more profound and intense will be the subsequent reaction. Those countries subject to the highest temperature, are liable to the greatest animal changes. No circumstance governs this range of temperature more than the aridity or humidity of the earth; if this be arid, the ambient air as a natural consequence, will also be arid.

"The Province of Carcuma," says Humboldt, "the coast of Cora and the plains of Coreaceas, prove that excessive heat *alone* is not unfavorable to human life." To make it so, requires moisture on any soil whether it be on the elevated rocks of Gibraltar, or on the rich fertile plains of Africa, whether on the barren and sandy portions of Florida—(Porter, Amer. Jour. Med. Scien., Oct. '47), or on the dark prolific soil of the west, all are equally productive under a high temperature and a plentitude of humidity. The great abundance of the latter on newly cleared lands, accounts for its extreme unhealthiness. The agriculturist well knows that in seasons unusually arid, his crops will suffer less in new than in old land. The steeping of flax by accumulating moisture, frequently causes malarious effects in parts previously strangers to it, if the slight decomposition here going on be capable of eliminating the peculiar poison malaria, surely chemists can not yet despair of detecting the mysterious agent.

With these considerations in view, it is easy to see how the laws of malaria previously referred to, are effected—why it has been observed to be most dangerous at night, to love the ground, to be moveable by the wind, attracted by trees, lessened by cultivation of the soil, and loose its properties by passing over a surface of water.

But on the specific poison theory, it is not easy to perceive, how even, the first can be sustained by any course of reasoning, for it is a cardinal point in the theory, that the sun's rays are essential to the development and evolution of the poison, because on the rice grounds and in forests they are intercepted, and malarious diseases there are comparatively rare.

The majority of believers in the theory, are of the opinion that the emanation is gaseous or aerform, and that it becomes concentrated in the course of the night. The law of the diffusion of gases into each other in opposition to their specific gravity stands against the admission of such a tenet, as the concentration or coming together of the separated molecules of a gaseous substance. Gases diffuse into each other equally in all directions, and not only that, but the usual circulation of the air as it becomes rarefied must carry off in the course of the day nearly all the malaria evolved from the earth. To suppose that it ascends or returns to certain localities, is to

suppose an entity endowed with motions, analogous to the distinctive.

But there is yet another reason why the poison theory may well be called in question, viz: that all poisons, whether solid, liquid or aeriform, produce in the healthy organism, similar effects. Carbonate of lime, alcohol and carbonic acid bring on in all, nearly or quite the *same* effects, and in the operation of palpable contagion, cases of immunity from action, are quite as rare. But as to the operation of the peculiar poison malaria, only a limited number of those exposed are attacked, and the negro enjoys in this latitude at least a remarkable exemption from intermittent fever. May this not arise from the superior radiating power of their dark surfaces, which enables them to resist the stimulant influence of heat.

In conclusion we would state that it is our conviction, that in the investigation of the causes of disease, there is too much tendency to look outwardly for the germ, and too little disposition to look to the workings of the system in bringing on disease, and the influence of causes, few and simple.

BROWNSVILLE, Oct., 1849.

ART. V.—*Treatment of Scarlatina*. By R. K. SCOTT, M. D.

Allow me, through the medium of your valuable Journal, to submit to the profession a few practical remarks relative to the treatment of Scarlet Fever. According to the general, and doubtless the correct opinion respecting the etiology of the disease, it is caused by a morbid poison, introduced into the circulation mainly through the medium of the pulmonary mucous membrane, contaminating the blood, and setting up a series of actions which result in the well-known phenomena of *Scarlatina*. This, I say, is the prevailing opinion as to the cause of the disease, and its *modus operandi*. But connected with this, is another sentiment equally common, but in my humble judgment, not equally correct:—which is, that the disease has a certain and definite course to run, and cannot be hastened or cut short by any therapeutical means. Now, if my experience has not greatly misled me, I think I am justified in coming to an opposite conclusion; and it is to this point that I wish to invite attention. We know that contamination of the blood by bile and urea, can be removed as soon as the organs whose office it is to eliminate these substances, resume their healthy action. I have long been impressed with the idea that the poison of *Scarlatina* might be hastened in its exit from the system by an appropriate plan of treatment, adopted in the early stages, while the disease is exclusively

confined to the blood. In pursuance of this idea, I have long pursued a plan of treatment somewhat peculiar, and have rarely failed of success when called to the patient within the first 36 hours. I have met the disease in all its varieties, maligna, anginosa and simplex, and in all pursued the same plan.

In cases where there are any indications of congestion of the brain, I prescribe a full dose of calomel, followed within 4 to 6 hours by a dose of castor oil, to which I add from 5 to 20 drops (according to the age of the patient) of spts. turpentine. I then prepare a vapor bath, into which, immediately after the first action of the bowels, I place my patient, directing the vapor to be gently but steadily applied. Under the influence of these means I have uniformly found the capillary system to resume a healthy action, and profuse perspiration to take place in a very few minutes. My usual manner of preparing the bath is to have a vessel partly filled with hot water, a few heated bricks, to add as the water cools, a piece of open canvass to cover the mouth of the vessel over which the patient is to be seated, and the whole embraced in a blanket, to confine the vapor. In all cases, however, the *head* should be kept bare and cool, and the feet placed in a bucket of hot water, if the patient is of sufficient age to allow it. While in this condition, if there is much irritation of the throat, I prescribe a mixture of bitartrate of potash and acetate of lead. By this means, in many cases where the powers of deglutition and respiration were exceedingly embarrassed, I have enabled the patient to drink freely, and breathe easily in 15 minutes, and to take medicines which were previously rejected from entire inability to swallow. It acted locally as a gargle, and in a short time allayed the inflammation. At the expiration of the next 24 hours I prescribe a dose of pil. hydrarg., and work it off with oil and turpentine. I then continue small doses of the bitartrate till convalescence is established.

When the inflammation of the throat proves obstinate, I prepare a linament that has an admirable effect, as an external application to the part, of which the following is the formula:

R	Spts. Vin., rect.	3j.
	Aqua. Ammon.	3j.
	Spts. Turpt'n.	"
	Camphor	3j.
	Tinct. Opii.	"

In addition to these remedies, I prescribe spts. nit. dulc., throughout the complaint, and think it quite an important article in such cases. If I do not see the cases till after the ap-

pearance of the eruption, I dispense with the vapor bath, and then my treatment merges very nearly into that commonly pursued.

I know of no means employed in the treatment of this frightful disease, so effectual as those I have here indicated.— Having pursued the plan for some years, I am firmly persuaded that if adopted early, it is capable of conducting the disease to an earlier and happier issue than that obtained by the common mode of treatment.

ART. VI.—*Trial for Mal-Practice in Surgery.* Reported by S. P. HILDRETH, M. D., of Marietta, O.

This suit was brought at the March term of the Court of Common Pleas, Washington County, 1848, by W. H. Barkley, plaintiff, and Dr. G. N. G. of Belpre, defendant—but was not tried until the October term, 1849.

The charges in the Declaration set forth as follows, omitting the usual long preamble :

1st.—That the plaintiff was suffering from an oblique fracture of the thigh bone, and “that the defendant did not properly adjust and put together the broken ends of said bone, or place them in coaptation, and did not for that purpose direct or cause proper force to be applied to said leg, by way of extension and counter extension.”

2d.—“That he (the defendant) did not then and there, nor would he extend, draw out, or lengthen the said leg, or cause the same to be extended, drawn out, or lengthened to the proper or necessary length; or so as to make the same as long as the other leg of the plaintiff, nor did he for that purpose measure the said leg, which the defendant, if he had used due and proper care, diligence and skill, ought to have done.

3d.—“That the defendant did not properly bandage and dress the said broken bone and leg of the plaintiff, so that sufficient extension and counter extension to keep the bone in coaptation, and to keep the bone of the leg of the plaintiff straight, was not kept up, which, if the defendant had used proper care, diligence and skill, ought to have been done.”

4th.—That the defendant loosened the bandages and dressings of said leg, whereby the ends of the said bone passed by and over-lapped each other; and neglected to again extend the leg and place, or put the ends of said broken bone in coaptation, or causing the same to be done”; by reason of which which premises, it is alleged that the leg of the plaintiff is so much shortened, and so useless; that he cannot carry on his occupation of farming, thus damaging the plaintiff to the amount of five thousand dollars.

The following evidences were introduced on the part of the plaintiff. It seems that the accident took place on the 12th of April, 1847, and was occasioned by his jumping from a wagon whilst the horses were running at full speed.

D. Campbell testified that he went for Dr. G., who lives about four miles from the plaintiff, and arrived within three hours after the accident; was present when the Doctor set and dressed the leg; extension was made by Mr. Burrows pulling at the knee, the fracture being above the middle of the thigh; he used a bandage and four splints, two of which were shorter than the others; when dressed the leg was laid on a frame, or double inclined plane.

L. O'Neil testified as to the splints, bandages and inclined plane, but says no counter extension was used, nor did the Doctor measure the broken limb to compare its length with the other.

J. Nelson testifies that Mr. Lewis told the Doctor that the leg ought to be pulled and measured until of the length of the other, and confined so as to keep it of that length. The Doctor observed, he thought it was about right, or words to that effect.

Josiah Burrows' deposition was read. Says he was present at the setting and dressing of the fractured leg; that he made the extension by pulling at the knee joint while the Doctor put the broken ends in place by pressure with his hands on the thigh; that no counter extension was used by any one pulling or steadying the body of the plaintiff, as it was not thought necessary; after the leg was dressed, it was laid on the inclined plane.

Dr. Williamson's deposition was then read. He lived, at the time of the accident, at Parkersburg, Va.; when the deposition was taken in June, 1849, he resided at Sistersville, Tyler county, Va., and the deposition is the result of certain questions asked by the plaintiff's counsel. The substance is as follows: "That he saw the plaintiff six or eight weeks after the accident, when Dr. G. had ceased attending him; that the bone was crooked and four or five inches shorter than the other; that the apparatus used was now thrown aside by surgeons, and that of Desault, or the one with Physic's modification, employed, being the long splint; that he had been in practice twenty-one years, and never saw the double inclined plane as used by Dr. G. applied to broken bones; that the bone did not look as if it had ever been set, and that there was no need of shortened limbs in oblique fractures of the thigh, and must be the result of bad management and want of care in the surgeon; that the apparatus used was too wide

to keep the limb steady, and could not retain the broken bone in place."

Samuel Barkley—the father of the plaintiff—testified: was present when the fractured limb was dressed, and attended on him a part of the time as his nurse, being engaged by the day on the farm. The patient lay on a straw bed, with his leg placed on the double inclined plane, but that there was no cushion or padding on the sides of the leg to keep it from rolling; was present when the Doctor dressed the fracture on the 8th or 9th day; the thigh was then quite crooked and shortened; the Doctor straightened the bone by pressing with one hand on the curve and the other on the knee joint until it was straight; but after it was dressed the crook still remained; he thought the hips were too high and leg not supported by the angle of the box as it ought to have been; it was kept in the box seven or eight weeks, and he followed the Doctor's directions in the treatment of the patient; four splints, an inch or two wide, used at first, but after a while only three used; the Doctor visited him once a week, sometimes oftener; the plaintiff's leg is so shortened that he cannot work on the farm, and has turned his attention to making grindstones.

Mrs. Barkley—the mother of the plaintiff—testified that for a few days after the first dressing she did not notice any shortening; but in ten or twelve days she observed it crooked and shortened, which the Doctor acknowledged, but said it was doing as well as could be expected.

Stephen Deruse testified that he made the box or apparatus for the leg, after Dr. G.'s directions; but did not measure the limb in reference to its fitting in length.

N. B.—The double inclined plane was brought into Court and exhibited to the Jury. It had a foot board, but lacked the usual horizontal or base board, on which the inclined planes rest. In place of pins on the sides, as directed by Sir Charles Bell and Astley Cooper, it had strips of board, five inches wide, to keep the cushions and leg in place, which fulfill the intention just as well. The want of the horizontal base board was all the fault that could be alleged against its construction.

TESTIMONY OF WITNESSES SUMMONED BY DEFENDANT.

Dr. Vickers said that he was attending a patient in the family of Mr. Barkley, at the time of the accident, and came in just as Dr. G. had finished the dressings; says he does not practice surgery, but saw nothing wrong in the appearance of the limb, but was told it was an oblique fracture; was at the house every two or three days during the progress of the case; about the third week was present at one of the dress-

ings, and noticed the crooked appearance of the leg; Dr. G. thought it arose from the swelling, and would disappear as that abated. He has since examined the limb, and thinks it three or four inches too short.

Dr. S. P. Hildreth was requested to state his opinion as to the mode of treatment by Dr. G. in this case. He said he had used the double inclined plane, as described and recommended by Sir Charles Bell and Sir Astley Cooper, in fractures of the os femoris, in quite a number of cases, and with uniform success, preferring it to the long splint, which he had also tried, as being more comfortable to the patient. The muscles of the hips, thigh and leg are in a relaxed state, and require but little force to keep the fractured end of the bone in place. It is true that constant vigilance is required in the surgeon at his visits, to see that the body and injured limb are kept in the right position, more especially at the period when the fracture is uniting, and the ossific matter soft and plastic. He measured the sound leg of the plaintiff and the posterior plane of the apparatus, and found it of the right length; the only fault was the lack of the base board; but this would not be a serious objection, if due attention was paid to the patient by the nurses—and yet with all the care of the surgeon, in oblique fractures of the thigh, few cures were effected without some deformity and shortening of the limb. The constant restlessness of the patient and the unceasing action of the muscles, tended to produce a slipping past of the oblique ends of the bone, notwithstanding the appliances of the best apparatus, and the daily attention of the best surgeons in the hospitals, and a shortened limb was not an uncommon occurrence in subjects dismissed from their wards; how much less then ought to be demanded from country practitioners, who may see a fracture of the thigh perhaps once in three or four years, and are provided with none of these articles, but have to make and arrange their dressings in the best manner they can, from the rude means within their reach.

Dr. F. Reguier, of Harmar, said that Sir Charles Bell stood at the head of the profession, at a time when operations in surgery were as abundant as at any period of history, and that he had recommended the double inclined plane. As for himself he had used both this method and Desault's long splints in his practice, and thinks there is little difference in the two modes, if proper attention is given during the cure; Is acquainted with a case in the hands of another surgeon, who used the long splints, and there was a very considerable shortening of the limb. He thinks the greatest obstacles to success arise from the restlessness of the patient and the carelessness of the nurses.

Mrs. Hollaster testified that she heard the father of the plaintiff say, some months after the accident, that his son would be a cripple for life; but that he did not blame the Doctor for it, but the restless and unquiet motions of the patient.

Salathiel Starling testified that he helped Dr. G. in reducing the fracture; assisted in putting the limb on the double inclined plane, which was fitted with padding and cushions to keep it in place, and with a foot board to prevent the foot from rolling from side to side; that the Doctor seemed anxious to get the bone properly adjusted, and to have the dressings such as would conduce to the cure; saw the patient twice, during his confinement, who said, in answer to his enquiries, that he was doing well.

R. M. Howe testified that in the summer after the accident, he one day met the father of the plaintiff in the road, who, in answer to his enquiries about his son, said he had been getting along very well; but had left his bed too soon, and recently had slipped as he was coming into the house on his crutches, which had hurt him very much—causing his ankle to swell, and he feared had injured the fractured bone.

Miss Betsy Oram testified that she was living with the plaintiff at the time he was confined with the fracture; that he used to move about a good deal in the bed, being restless and uneasy with the long confinement; saw him slip one day as he came into the door, but did not fall down, as he caught hold of the door frame with his hands; that he afterwards complained of pain in the broken bone, and his ankle was swollen.

The following evidences were called by the plaintiff, to prove the inadequacy of the apparatus used by Dr. G.

Dr. Shubal Fuller testified that in his practice he made use of Physic's long splints, which keep the limb straight and muscles extended—continued for six or eight weeks, or until the bones are ossified; had no shortening in two cases under his care; that the muscles of the thigh are strong and powerful, retracting the fractured portions very much.

Dr. Hugh Trevor said he used Desault's splint, successfully; that owing to the contractile force of the muscles, it is very difficult to prevent shortening under any treatment; one of the greatest hindrances is the restless and uneasy state of the patient, loosening the bandages, &c.; thinks the inclined plane the easiest for the subject, but requires more care in the surgeon, while with the other it cannot well get out of place without loosening the extension bands.

The examination of the witnesses, about twenty in number, occupied the Court nearly a whole day, and awakened a

deep interest in the audience, this being the first suit of the kind ever brought in Washington county. The counsel on the part of the prosecution were Messrs. Welsh and Rhodes; for the defendant Messrs. Goddard and Nash. Their arguments to the Jury were acute, elaborate, and sometimes eloquent, extending through one whole day and part of another. A brief abstract only will be given of them, to show the bearing of the common law on a subject which is yearly brought more and more before the public.

Mr. Rhodes said the Jury had to decide on two points, the evidence of mal-practice and the amount of damage.

To prove the first, argues the use of an improper apparatus, poorly constructed, and not Sir Chas. Bell's inclined plane, but Dr. G.'s inclined plane. A man who professes the practice of any trade or profession, must use not only the best tools, but in the best manner, whether carpenter or surgeon. Dr. G. did not do this. Bell used his apparatus because it relaxed the muscles—but it did not do this perfectly. The extension was kept up by the weight of the leg, but counter extension cannot be steadily maintained by the weight of the hips and body, by reason of the movements of the patient, which he cannot resist—condemns the apparatus exhibited, from its lacking the horizontal board and cross pieces to keep it steady—read to the Jury copious extracts from the surgical works of Bell, Dorsey and Gross—as the plaintiff was disabled from earning a living by labor on a farm, he claimed an award from the Jury, the interest of which should be adequate to the support of an ordinary family—or the sum of \$5,000, the interest on which would be three hundred.

Mr. Nash, for the defendant, in answer to the first count, in the Declaration, “that sufficient extension was not made with counter-extension, to reduce the fracture at first,” argued that but little force is necessary for such purpose; and that from the evidence it appeared that Dr. G. had done all that the case required, and was not *grossly neglectful* in any part of his duty, and also that it was two weeks before any shortening of the limb was noticed, by the nurses or surgeon, and that the two first charges are disproved. The third count affirms that a proper dressing was not used. He argued that the *bandage* was a proper one, being the many tailed; the *splints* were proper, as no objection was raised against them by the surgeons called in evidence, and is proof in law, that the accused had done his duty in this respect; as to the *apparatus* for keeping the fractured limb quiet, there are two modes in use, the *flexed* position, and the *extended*. It is admitted by the plaintiff's counsel that either plan will answer if properly carried out by the surgeon;

as to the bed, straw was used, for the reason that hair mattresses are not to be had in country practice; and it is therefore proved by the witnesses, the Dr. *did do* all that the case required in the first dressing. As to the fourth count, that Dr. G. at the second dressing, the eighth day "did not properly re-apply the bandage and dressings, by which neglect the bones slipped by each other and shortened the leg;" this charge is not proved by the witnesses; argument: the limb is evidently shortened, how was it done? the Declaration says at the second dressing; but of this there is no proof; and its shortening afterwards is not charged in the Declaration, and not to be noticed by the Jury; how it became shortened is not proved; but the inference is that it was done by the restlessness of the patient, and carelessness of the nurses; while the secretion of the bony matter between the oblique ends of the fracture, as it was gradually enlarged from day to day, pushed them farther apart, and gave it the present curved aspect.

Mr. Goddard, for the defendant, said he had assisted in trying many such cases, and finds them very difficult to do justice to, on account of the prejudices of the community. There is a great deal of quackery encouraged by the people of the U. S., and the large fortunes made by the sale of the greatest quack medicines, show the deplorable ignorance of the mass of mankind. The profession of medicine is highly respectable, but not a desirable one, from the many unpleasant things attending its practice; for mal-practice, physicians are liable to actions for damages, by their patients. Lawyers are also liable to actions for mal-practice, but are not often sued for it. Because surgeons make perfect cures in Hospitals, it is no evidence that they should do so in country practice; all that can be required of them is diligence and ordinary care. This case is a simple fracture of the thigh, not a compound one, but a simple oblique fracture. This form, the surgeons, in their evidence all agree, is very difficult to cure without some deformity, and so is also asserted by Gibson, one of the best evidences on this subject. Nearly all the witnesses for the plaintiff are taken from his relatives and friends; while the physician has no one to give evidence for him, and therefore stands on unequal ground in all such actions. The case, in the progress of the trial has been altered from its original bearing, as set forth in the Declaration, the counsel giving up the allegation of improper apparatus. In the practice of surgery, the profession are subject to great abuse, and injustice; so much so, that one eminent man, Dr. K., of Cleveland, has abandoned its pursuit.

Mr. Welsh, for the plaintiff, stated to the Jury, that the shortening of the limb in this case, was the fault of the surgeon;

but allowed that he is presumed to have done his duty, yet as there is deformity, it must be attributed to him, and not to the nurses, as they were under the surgeon's directions, and he should have examined the limb at each dressing. From the evidence it appears that they did follow his directions. The patient has a right to be restless, and must be so from the contraction of the muscles, of which the surgeon has no right to take advantage. Referred to Gross's opinion in such cases, that where shortening took place, it was owing to the carelessness of the surgeon, or the use of improper apparatus, and need not to be so, in these days, with the modern improvements; says there is fault somewhere and must inquire whose it was; also make the distinction between a wilful fault and one from ignorance. We say there was a want of attention in this case, on the part of the surgeon. His reputation was concerned in the result. The Jury should consider the circumstances, and see how much he was to blame in producing the present result, and not consider him clear, unless proved guilty by the witnesses, "when you see the ill results, in the great shortening and deformity in the poor man's limb." The fracture was simple and oblique: and not very difficult to manage. By keeping the limbs straight and of exact length, there would be no deformity; otherwise in uniting there would be a large callus. He is therefore grossly to blame in not attending more carefully to it, in the progress of the cure. The prop, or inclined plane, was not made with due care, and lacked the base board, used by Bell; the padding under the hips was not nicely adjusted, and therefore rendered it useless. It was not properly reduced or set, at first, nor watched carefully during the cure; and therefore the Jury were bound to bring in a verdict for heavy damages; in the assessment of which, he attempted to bring forward the *ability* of Dr. G. to pay a large sum, but was checked by the opposite counsel, as not having any bearing on the decision; and the objection was also confirmed by the presiding Judge.

Before retiring, the Hon. Arius Nye, charged the Jury as follows, which is preserved, as showing the common law and usage in these vexatious cases, as well as upon its lucid and clear statement of the case.

Mr. Nye said that the plaintiff in his Declaration, alledged, that having suffered the fracture of one of his thigh bones, he employed the defendant as a physician and surgeon, to set and cure it; that in four several counts of his Declaration, he charged the defendant with *particular* and *special defaults*, in the alledged want, or omission, of proper *skill* and *care* in conducting the cure, whereby he, the plaintiff, had suffered an injury

in the shortening and curvature of his leg, for which he claimed damages. Proceeded to state further to the Jury, the following rules and principles for their guidance and direction, namely, that the burthen of the proof lay upon the plaintiff; and that to support the action, or all or any of the counts of the Declaration, it was incumbent on the plaintiff to make out by affirmative evidence, on his part, the *specific* default or defaults alleged in the said count or counts; there being no count in the Declaration charging the defendant *generally*, with want of skill and care. That, to charge the defendant with the injury or misfortune, of which the plaintiff complained, it was incumbent upon him to show by evidence, that this was truly and specifically the result of the want of *skill* and *care* on the part of the defendant, and was not produced by *any other* cause or causes, for which the defendant was not and could not, properly be held responsible: and that, therefore, it was not sufficient, as had been intimated in argument, to show the employment of the defendant, to cure the fractured limb, and then throw upon him the burthen of disproving the allegations of the plaintiffs, as to the cause of injury specially complained of, a doctrine or rule, which would be perilous to every practitioner of medicine and surgery, and not supported by the *law*, which in this, as in other cases, cast upon the plaintiff the burthen of making out his own case, *affirmatively*, by evidence; and *such* evidence as proved the particular injury alledged to be the result of, and to have been *caused, solely*, by the absence of *due skill* and *care* on the part of the defendant. That the measure of skill and care demanded of the defendant, in this case, was the *ordinary* amount of skill and care possessed and exerted by *country practitioners*, of respectable standing and repute, generally; and not that which was possessed and applied by the most eminent surgeons in city and hospital practice; where opportunities and exercise of skill, in surgical cases were much more frequent and ample, and their attainments consequently higher, than those of country practitioners, ordinarily, and generally; whose opportunities of practice, and the acquisition of skill, by experience, especially in surgery, were much less frequent and more limited than those of very populous places, and surgeons employed in Hospitals. That it was not to be expected, and it would be unreasonable to demand, of *country practitioners* in this country the surgical skill possessed by the most eminent men in that department of medical science, under the most favorable circumstances; such as those of our own large cities, or Sir Astly Cooper, Sir Charles Bell, or Pott, of England, or Desault, Dupuytren, or Baron Larrey, in France. That if the Jury should find by the evidence, that the particular injury, of which

the plaintiff complained, was caused by, and the result of, the want of *ordinary skill and care*, as before defined, he would be responsible, and they should, in that case, assess such damages, as they thought he had suffered; but if they should not so find—although they might not be able to determine the *cause* of that particular injury (which might be complicated) they should find for the defendant.

Verdict.

The Jury when they first retired, were much divided in their opinion, as to the just decision of the case. Four of them were for acquitting the defendant altogether, or giving mere nominal damages. The others were for giving various amounts, some as high as the sum claimed; after several hours spent in discussion, one of the four joined the majority, in the opinion, that the plaintiff was entitled to damages, if this sum could be assessed at a moderate amount, the minority finally decided to agree in the verdict: otherwise they would persist in their opinion of acquittal, and thus render it necessary to go through with a new trial. They finally agreed to return the sum of two hundred dollars as the amount of damage, a sum which the majority of the Jury considered as in no way adequate to the injury suffered by the plaintiff, but sufficient to show that surgeons must exercise all their skill and diligence in the cure of their patients, or they will be liable to damages in a court of law; and, on the other hand, that they were not disposed to amerce exorbitantly, the practitioner, who was so unfortunate as to meet with an unlucky case in his practice, not attributable to wilful neglect, or want of diligence in the cure.

MARIETTA, 1st November, 1849.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Remarks on Lead-Poisoning.* By R. JAY KITTREDGE, M. D., of Cincinnati.

I am much induced to offer the *Lancet* a communication on Lead-Poisoning arising from the drinking of cistern water, drawn through lead pipes,

1st.—Because it has never been a subject of any research in any part of the western country; and

2d.—Because never having been much investigated, the medical public are too slow in recognising lead diseases.

No physician who has thoroughly studied the subject, who has analyzed the water of many cisterns containing water brought through lead pipes, can fail to come to the conclusion, that most waters will more or less corrode lead, and hold the salt in solution.

Lead-poisoning exists in every degree, from the most severe case, to that which is so slight that its deleterious effects have not been experienced; yet at the same time there may be evident marks of the poison latent in the system, and if the patient be watched, time will develop a disease, which these marks have indicated.

Neither has any physician long investigated this subject, but what he has seen colic, paralysis, encephalopathy, and death result from the drinking of water drawn through lead pipes. Within a few days I received a letter from the distinguished chemist, Samuel L. Dana, of Lowell, Massachusetts, he says "I am now engaged in analyzing the organs of the late Dr. Peirce, of Tingsboro, who died of lead disease, induced by drinking well water, drawn in lead pipe."

It is hard to convince people that they are being gradually poisoned, until they have felt the effects of the poison. But while we use lead as a conduit in this city, and when it requires no great chemical tact to detect quite a notable quantity of the metal dissolved in the waters of our cisterns, it would be unwise to say we are not continually using a slow poison. Many medical men tell me that they think the water here will not corrode lead, but I have found by experiment, the water used in this city, and the water of most of the country wells is eager to corrode this metal, and by the corrosion is formed on oxide or carbonate; then if lead pipe is corroded and worn out by having continually formed an oxide (PbO) or a carbonate ($\text{PbO} \cdot \text{C O}_2$), what becomes of these salts of metal unless they are the whole time being washed into the cisterns; and it is by long continued and small doses that the system is sure to become poisoned.

Having investigated this subject for three years, and having seen the most frightful effects of "lead pipe water" upon the system, I feared in this city to use our own, until the lead pipe connected with the pump, was removed from the cistern, and iron substituted, still leaving lead pipe conducting the water from the street to the *top* of the cistern. The cistern being empty, I commenced filling it, and of course threw away the first few pailsful that had been standing in and run through the pipe. At the same time I tested the first three pailsful for lead; the quantity thrown down was enormous, certainly sufficient to taint the water of the cistern. Since that time, I

have analyzed the water of some twenty cisterns; in four I have found very alarming quantities, and from two precipitates I have obtained metallic lead.

If physicians in this city do not see many cases of lead poisoning, it is because, not suspecting lead, they too often confound the effect of this poison with other diseases. If lead colic exist and we cannot trace immediate contact with some salt of lead, we suppose it to arise from some other source. If a pain in the limbs, a weariness or weakness constituting lead arthralgy is experienced, it is called rheumatism. And if we find a weakness of the fingers and hand, a gloominess in mind &c., unless there is decided colic or paralysis, we are too apt to think that it is only a debilitated condition which the system happens, from some slight cause, to be laboring under.

The constitutional effects of lead are indicated by a purple or dark red, perhaps a bluish line, from the twelfth to the twentieth part of an inch in width, on the edge of the gums. It is almost an infallible sign that lead exists in the system, and yet too few medical men look carefully for this mark.

Being aware that "lead pipe water" endangers the system, are we in this city, and in other cities of the west, always to use a slow poison in our houses, or will the medical faculty be induced to fully investigate the subject, and take measures to remedy this evil? Many, convinced of their danger, have already commenced taking the lead pipe from their cisterns, connected with the pump, and are putting in its place common two inch gas pipe (iron). By so doing, and by catching and throwing away the first few pailsful that run through and have been standing in the lead pipe, bringing the water to the cistern, there is little danger that the whole water will become tainted. The cisterns of this city which have lead pipe connected with the pump, are trebly liable to have their waters impregnated: because, besides letting the water stand in the pipe coming from the street, and pouring it every five or six weeks, already impure, into the cistern, there is the pipe connected with the pump, reaching to the bottom of the cistern, and presenting two surfaces to the continual action of air and water.—*Western Lancet*.

ART. II.—*On a new Material and Process for making Minute Anatomical Injections.* By PAUL B. GODDARD, M. D.

Having received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtyl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were,

by far, finer than any which had been produced in this country. With the assistance of my friend Dr. Neill, demonstrator in the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of making such an injection, the anatomist must provide himself with a small and good syringe; some vermilion *very finely* ground in oil;* a glass stoppered bottle, and some sulphuric ether. The prepared vermilion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected, (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the *vein open*. Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow, gradual* and *moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether which will distill freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kidney is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-septic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam; but for membranous preparations, stomach, intestines, &c., the plan of mounting in a cell, filled with an anti-septic solution is preferable.—*Med. Examiner*.

ART. III.—*Therapeutic Effects of Tobacco, applied externally, for the Expulsion of Worms.* By JOHN D. TWIGGS, M. D., of Edgefield District, South Carolina.

Three series of experiments have been made, in order to test the vermifuge properties of tobacco placed over the abdomen. They have not proved so satisfactory as could have been desired.

* That which I have used was obtained already prepared in tin tubes, at J. W. Williams', No. 37 North Sixth Street, who has obligingly assisted me to obtain the finest colors.

On perusing an Essay read before the Medical Society of Augusta, in 1839, I find this conclusion, viz: There are no pathognomonic signs that will determine the existence of worms in the alimentary canal. If this be the case, as the frequent administration of anthelmintics to children, where worms do not exist, and even where they do, their continued use would in all probability prove pernicious to the child; it would certainly be a great desideratum to practitioner and patient if some substance could be applied externally which would effect the expulsion of these noxious parasites: both would be benefited by its use; for the first could avoid giving a medicine the effects of which might make a lasting impression on the system of his patient; and the latter would escape swallowing oft-repeated doses of most nauseating drugs. If the external application of tobacco be a substitute, the effects being equal, the remedy would at least be more agreeable.

I have made the following experiments:

FIRST SERIES.—*Five negro children, from 5 to 8 years old.*

Case 1st. Strong pressed bar tobacco, steeped in water and applied to the abdomen in the form of a poultice. General health of the child good, pulse 80. Applied the tobacco at 9½ o'clock (by means of a cloth about twelve inches broad) over the abdominal region: 10½ o'clock, the pulse is 100; the eyes are a little watery: 11 o'clock, pulse 106: 12 o'clock, pulse 108; eyes still suffused with tears. 1 o'clock, P. M., pulse has increased to 112 beats: 2 o'clock P. M., found patient asleep, pulse still 112: 3 o'clock, pulse still the same: 4 o'clock, removed the tobacco. It has been 6½ hours since it was applied, during which time I have noticed a slight change in the eyes which became lachrymal. An inclination to sleep was observed and also a great acceleration in the pulse, which is now 116, an increase of two beats in the last hour. At 8 o'clock, P. M., gave 5 grs. of calomel; it operated and worms were expelled dead at 9, A. M.

Case 2nd. Applied the tobacco at 9½ o'clock; pulse 85. General health of this child good; has passed worms recently, after the administration of (Similax China) China root. At ½ past 10 o'clock, A. M., pulse of Child 88; says he feels well. 11 o'clock, pulse of patient has increased from 88 to 100; eyes injected: 12 o'clock, pulse 100; patient seems very cheerful. At 1 o'clock, pulse is 104 beats, being an increase of 4 strokes within the hour: 2 o'clock, P. M., patient asleep, pulse 108 beats: 3 o'clock, patient seems well; pulse still on the increase, 110: 4 o'clock, removed the tobacco; patient's pulse 112; noticed the same change as in the preceding case, viz., eyes watery, an acceleration of the pulse and a disposition to sleep. At 8

o'clock, P. M., gave patient five grains of calomel. At 7, A. M., passed several worms dead.

Case 3d. A child about 6 years old, whose health has been usually good, and has passed worms within a few days. At $\frac{1}{2}$ past 9 o'clock, A. M., placed the tobacco thoroughly wetted over the abdomen: pulse 85. At $10\frac{1}{2}$ o'clock, patient's pulse 90; says the bandage feels very comfortable: 11 o'clock, pulse 96, an increase of 6 strokes within the hour: 12 o'clock, examined patient, found a decrease of 4 beats, pulse now only 92. 1 o'clock, P. M., pulse of child 100, again on the increase. At 2 o'clock, I found my patient's pulse had increased 8 beats during the last hour, being now 108, full and regular: 3 o'clock, my patient just roused from sleep, pulse 108. At 4 o'clock, P. M., I took off the tobacco; patient says he is well. In this case I have not observed that change in the eyes, as in the two preceding cases, but there seems to be here also an inclination to sleep. At 8 o'clock, P. M., gave a dose of castor oil to patient, it operated well and 3 or 4 worms were evacuated dead.

Case 4th. A child about 7 years old, general health good, has passed worms, but not recently. At $9\frac{1}{2}$ o'clock, A. M., applied the tobacco, steeped in water, over the abdomen; pulse of patient 85. At $\frac{1}{2}$ past 10 o'clock, the pulse is only 80, a decrease of 5 strokes. At 11 o'clock, pulse of patient 94, and feeble. At 12 o'clock, pulse 91, child seems well and cheerful: 1 o'clock, P. M., patient's pulse 94, a gain of 3 beats. At 2 o'clock, P. M., examined patient, whose pulse remains the same, 94, full and regular; inclines to sleep: 3 o'clock, pulse 98; patient's eyes rather injected. At 4 o'clock, P. M., I removed the tobacco; pulse numbers 106 strokes. There has not been that rapid increase in the pulse of this child as was manifested in the others—it has been fluctuating throughout, sometimes rising, then again falling. At 8 o'clock, P. M., administered a dose of castor oil to patient, who passed several worms, some dead, others alive.

Case 5th. A child aged 8 years, who, when an infant, was unhealthy, but appeared well now, has passed worms, though not recently. At $\frac{1}{2}$ past 9 o'clock, A. M., placed the tobacco over the abdomen; pulse 100. At $\frac{1}{2}$ past 10 o'clock, pulse 112, eyes watery, countenance dull, has little to say: 11 o'clock, patient's pulse 120; appears dull, says he does not feel well; eyes injected, pupils dilated: 12 o'clock, pulse 116, eyes much injected: 1 o'clock, pulse 118; seems very sleepy; has been out and had a motion from the bowels—passed no worms—had the tobacco remoistened: 2 o'clock, my patient has been asleep; pulse 118, feeble; he complains of no uneasiness about

the abdomen; desires to eat: 3 o'clock, P. M., pulse of patient has increased 10 beats within the last hour, it now numbers 128 strokes: 4 o'clock, P. M., removed the tobacco from the child. I have remarked greater changes in this case than with any of the others—eyes very red and watery, skin hot and dry, a disposition to sleep, and a great increase of pulse, which has now 132 beats to the minute. At 8 o'clock, P. M., gave patient a dose of castor oil which operated freely; several worms were passed, at first dead, at the last operation they were alive.

The increase of the pulse in the 5 cases, from 9½ o'clock, A. M., to 4 o'clock, P. M., is as follows:—At 9½ A. M., 85, 85, 90, 100, 100. At 4, P. M., 106, 108, 112, 116, 132.

Second Series.

Case 1st. Richard, a lively boy, of 5 years, never has been sick in his life, parents both healthy; has passed no worms this year, though he has taken China root frequently. At 9 o'clock, A. M., applied the tobacco, steeped in warm water, over the abdomen; pulse 80 strokes per minute: 10 o'clock A. M. saw patient; pulse 90, full and strong: 11 o'clock, pulse of child 98, an increase of 8 beats: 12 o'clock, examined patient, pulse 110, skin warm and moist, eyes watery: 1 o'clock, P. M., patient's pulse 120, quick and feeble; skin warm and moist: 2 o'clock, P. M., visited patient; pulse 112, a decrease of 8 beats within the hour; skin very dry: at 3½ o'clock, P. M., pulse of patient 114; says he feels well; skin dry, eyes watery: 4½ o'clock, examined patient; pulse 116, a gain of 2 beats, skin hot and dry, eyes much injected: 6, P. M., visited patient; pulse 130; removed the tobacco, which has been on 9 hours, during which time he has not had an operation. On the following day, at 9 o'clock A. M., patient took a dose of castor oil, passed no worms—the tobacco has not had the desired effect.

Case 2nd. Isum, a boy aged 5 years, general health good; has passed worms, though not recently. At 5 minutes after 9 o'clock, A. M., applied strong pressed bar tobacco over the abdomen; pulse 80: 10 o'clock, A. M., child's pulse 96; sitting before the fire, says he is well: 11 o'clock, saw my patient whose pulse numbered 101, an acceleration of 5 strokes: 12 o'clock, found patient's pulse 104, a slight increase; skin moist; the tobacco again saturated: 1 o'clock, patient sitting very quiet; says he feels very well, but has a dull countenance, eyes watery, pulse 106: 2 o'clock, pulse of patient 114, an acceleration of 8 beats since last examined. At ½ past 3 o'clock, P. M., child's pulse 120, a gain of 6 strokes in an hour and a half. At 4 and 4½ o'clock, found my patient's pulse 110, a decrease

of 10 beats; skin hot and dry, countenance dull: 6 o'clock, P. M., examined patient, whose pulse numbered 114 beats; skin hot and dry; has had 2 operations, passed no worms; removed the tobacco. Between 9 and 10 o'clock, A. M., gave patient a dose of oil; he passed one worm.

Case 3d. Mary Ann, a girl 6 years old, whose general health has been good; worms have been expelled, though not lately. At 9 o'clock, A. M., placed the tobacco, well soaked with water the abdomen; pulse 85; child very much frightened: 10 o'clock, A. M., visited patient; pulse 100, quite an increase within the hour: 11 o'clock, patient's pulse 102, on the increase: 12 o'clock, examined patient; pulse 102, skin warm and moist; saturated the tobacco again: 1 o'clock, P. M., pulse of patient 108, skin warm, perspires at times. At 2 o'clock, P. M., found patient's pulse 120, feeble and full at intervals; skin moist. At $\frac{1}{2}$ past 4 o'clock, examined girl; pulse 116, a decrease of 4 beats; skin now dry, eyes red and injected: 6 o'clock, visited patient; pulse 120; skin hot and dry; eyes suffused with tears: removed the tobacco. At $9\frac{1}{2}$ o'clock, A. M., administered a dose of oil to patient—no worms were expelled.

Case 4th. Robert, a mulatto, aged $2\frac{1}{2}$ years, general health good, passed several worms a week or two since, having taken pink root. At 15 minutes after 9 o'clock, A. M., applied the tobacco on patient, who was very much alarmed and struggled violently—I could not examine his pulse: 10 o'clock, A. M., saw my unruly patient, pulse 100, doing well. At 11 o'clock, the pulse of this child (whom it is impossible to keep quiet) is 106: 12 o'clock, patient's pulse 112, skin cool; still very playful; moistened the tobacco the last hour: 1 o'clock, P. M., examined the patient; pulse 120, an increase of 8 beats since last seen. At 2 o'clock, P. M., the pulse of patient the same as last hour, 120. At $\frac{1}{2}$ past 3 o'clock, I found an increase in the pulse of this patient of 10 beats; it now ranges to 130, skin hot and moist. At 4 and $\frac{1}{2}$ past, again examined patient; pulse 124, there being a falling off by 9 strokes since last examined. At 6 o'clock, P. M., saw my patient and took off the tobacco, much to his satisfaction; pulse 120, skin dry. Next day, at 9, A. M., patient took a dose of oil, operated, but passed no worms.

Third Series.

Commenced this morning at $9\frac{1}{2}$ o'clock, and applied the tobacco to seven children—2 boys and 5 girls—nearly all younger than the 5 preceding cases. I keep them out of the sun, in any position they desire: sitting they prefer, and I find them generally in this position. At $10\frac{1}{2}$ o'clock, found an increase in the pulse of some, as also a diminution in that of others.

At 11 o'clock, an increase in all, probably owing to their just having taken food. At $\frac{1}{8}$ to 12 o'clock, A. M., I found my patients doing well—a decided acceleration in the pulses of all, which now ranges from 98 to 120; the eyes of two were filled with tears: 12 o'clock and a $\frac{1}{2}$ after, examined 4 of the children: the pulses of 3 had a slight increase, those of the others remained the same as a half an hour previous. At 1 o'clock, saw 3 of my patients: a very slight increase of the pulse of each since last examination, which was at $\frac{1}{2}$ before 12: 2 o'clock, discovered two of the children asleep and the others nearly so: there has been an increase and also a great decrease in their pulses during the last hour, the range is from 110 to 130 strokes per minute. At $\frac{1}{2}$ past 3 o'clock, examined the children again, found an increase in their pulses, they range from 114 to 136—I left them taking their dinners—I should mention that 1 had an evacuation since 2 o'clock, but passed no worms. At $\frac{1}{2}$ to 5, P. M., visited my patients; I found them doing well; 4 others had a passage since 3 o'clock, expelled no worms; some of their pulses have increased and others diminished since the last examination, the lowest number of beats being 108. the highest 132: 20 minutes after 7 o'clock, removed the tobacco from the children; found several asleep, the pulses of all had decreased, except 2, one of which had a great increase—this one was asleep when first I saw her, and the increase of pulse may be owing to her being awakened suddenly—one of the patients, whilst the tobacco was being removed, had a sudden and copious evacuation and had passed a worm alive a few minutes previous—none in the last passage. All seemed well when I left them. At half-past 6 o'clock, A. M., visited my patients, and discovered that the tobacco had had a strong cathartic effect on all—some going out as often as two or three times—still continued this morning when I saw them: it seems that the desire to defecate came upon them so quickly, they relieved themselves on the bed or floor, some getting as far as the steps—there were 9 in all, on whom the tobacco was applied—two I did not note down, but I find this morning that the effect upon them was the same. At quarter past 10 A. M., administered a dose of oil to each of my patients. At 1 o'clock, P. M., medicine had operated on all—no more worms. At 7 o'clock, P. M., visited the children; found that one had passed some time before a large number of lumbricoides.

Minute record was kept of each individual case, but as they are very similar to each other and to those already detailed, they are omitted, as a narration of them might prove more tiresome than interesting.

I have thus applied the tobacco to 16 cases; from 7 of these worms were expelled, and none from 9. When we reflect on the uncertainty of the presence of worms in any case, there being no reliable symptom, and the uncertain effects of all vermifuges, and the fact that in these experiments the children were generally in good health, evincing no sign of worms, the results are as satisfactory as could have been expected, especially as the worms were in most instances expelled dead. It is not likely that if the same children, under the same circumstances, had been subjected to the internal administration of the most powerful vermifuge, that the expulsion of more worms would have been caused.

As tobacco, when thus employed, affects very decidedly the circulatory and nervous systems, its effects should be carefully observed during its application, that it may be removed in time to prevent these effects being carried too far.

We would not claim for these experiments that they are sufficient to establish the character of tobacco thus used, as an efficient vermifuge; but if they only serve to excite others to make more numerous and varied experiments, we will be satisfied with the belief that our task will not have been in vain. *Southern Med. and Surg. Journal.*

ART. IV.—*Letter from DR. A. C. DAYTON,, Dentist, of Vicksburg, Miss.*

EDITORS OF THE JOURNAL:—The following case of metastasis of the menstrual secretion from the uterus to the mouth, was related to me a few days since, by Dr. J. M. Jones, of Madison Parish, La. Thinking it worthy of note, I asked and obtained his permission to send it to you. If you think it worth publishing, please give it a place in the Journal.

It may, perhaps, be right to say, since I have no personal knowledge of the case enclosed, that I have no doubt of the veracity of Dr. Jones. The parties concerned live opposite this city, in Louisiana, and are all known here; and Dr. J. furnished me with references to persons in the neighborhood, of whom I might make further enquiries—this I did not consider necessary.

Yours, most respectfully,

A. C. DAYTON.

CASE.—A negro woman, aged forty years, belonging to Alfred Johns, Esq., of Madison Parish, La., had, about fifteen years since, an attack of fever, soon after which her teeth became troublesome, and she had frequent spells of bleeding from the mouth. It was soon observed that these attacks returned at regular monthly intervals, and that the ordinary menstrual discharge had entirely ceased. Her general health

became very bad, and she was unable to do any work. In the intervals of the bleeding, her face, abdomen and limbs had the appearance of one suffering from general dropsy. For a day or two before each return of the bleeding, she suffered greatly from pain in her head and face. The blood seemed to ooze out of the sockets around the roots of the teeth, and from the masses of fungous flesh which projected in several places from the swollen and spongy gums. The flooding at length became so profuse as greatly to debilitate her, and, indeed, to endanger her life at each return of it.

Dr. R. G. Parkham, a practicing physician of the parish, was called in, and, on learning the condition of her mouth, desired that Dr. Jones, a dentist, might be consulted. Dr. Jones found nearly all her remaining teeth decayed; some of them broken off and covered by the gums—the others loose in the sockets; the gums soft and spongy, and in several places shooting up in fungus masses, which bled freely from the slightest scratch. He at once removed eight of the teeth and roots, and after two weeks, five others, making thirteen in all. He then cut away the fungus projections from the gums, and directed the use of an astringent wash to the mouth, and the internal use of the muriated tincture of iron, twenty drops, three times a day. At the return of the next regular period, she had no bleeding from the mouth, and has not had any since. It is now about four months since the operation was performed. In three weeks she was able to take her place in the field, and has, up to this time, enjoyed perfect health.

ART. V.—*Treatment of Dental Pulp preparatory to Plugging.*
By Dr. J. D. WHITE, Dentist.

MR. EDITOR:—There is no subject connected with the duties of the dental practitioner so important as the above, and none which the writer would approach with more deference to the opinions of others. That the subject is intricate, all will agree; and that nothing has been settled upon, to direct the young practitioner in a way by which he may generally arrive at very satisfactory results, is also true. It is justly remarked by Mr. Tomes, of London, "that it is too much the practice, at the present day, to immediately remove an aching tooth. It would well repay any one who has time and opportunity, to devote their energies to the investigation of this subject," and that "there are many teeth extracted, which, with care, might be saved and rendered serviceable for years." The same remarks will apply, to a certain extent, with reference to the subject in this country. Professor Harris, of Baltimore, remarks, in his work on Dental Surgery, published

some time ago, that "Indeed, I regard the propriety of plugging a bicuspid or molar, after the nerve has been exposed, as so extremely doubtful, that I think I hazard nothing in asserting, that however correct the preparatory treatment may have been, it will not be successful in more than one case out of four." And more recently he remarks, in an article on the treatment of the pulp, in the *American Journal and Library of Dental Science*, July, 1849, that "even now, although he has performed the operation successfully in numerous instances, he feels considerable hesitancy with regard to the propriety of expressing his views upon the subject; nor would he at this time, had he not been frequently requested to do so." This eminent author further remarks, "although he is disposed to think favorably of it at present, its ultimate value, to some extent, remains to be determined; but, "hereafter, he may furnish the readers of the *Journal* with the result of his observations and experience upon the subject." This is the right spirit. Combined observation is the only sure way by which we can hope to arrive at correct conclusions in any difficult subject. If such had been the practice of those illustrious names who have gone from among us, and a correct record handed down to the rising generation of the profession, incalculable good might have been done, for some of the ills that flesh is heir to, and an important work have been done, and fixed upon established principles, which, as yet, has scarcely been commenced. With regard to the propriety of attempting to treat the dental pulp, as a general rule, when exposed by decay, there can be no doubt. Subject, however, to many considerations, the age of the patient, as to whether the roots of the teeth are fully formed, as well as the general health and tone of the teeth, gums, and the system generally. But experience can only be rendered advantageous, in this respect, by close observation, founded upon an extensive knowledge of physiological and pathological science. However uncertain the treatment may be, it is better to make the trial, for even if the tooth is lost, it is no more than would happen at any rate, as the tooth is useless with an exposed pulp, and better learn by losing hundreds, than to abandon forever the attempt to preserve any. The writer has been making extensive experiments in the treatment of the exposed pulp, for twelve years in every conceivable way, and has finally settled upon a general and very successful plan of practice, and which plan he gave in full in a thesis paper on the treatment of the dental pulp preparatory to plugging, for the degree of Doctor of Medicine, in the *Jefferson Medical College*, in 1844, and which will form the basis of the present series of papers upon the above subject.

To better understand the subject, a few remarks, with reference to the division of tooth-ache into different stages, and the diagnosis only, will not be out of place, as it is presumed that students become, at the present day, acquainted with the minute anatomy, structure and physiology of the teeth, in the earliest part of their studies; those that have not, I would refer to *Tomes, Harris, Goodsir and others*. There is no case of tooth-ache that cannot be cured, and the tooth saved, as a general rule, if there be enough of the dentine or body and root of the tooth remaining to receive a plug. Tooth-ache may be divided into, and treated under three heads, viz: *True, False and Sympathetic*; but may also be considered as only different stages of the same disease; because it is evident, that however remote or obscure the pain and pathological changes may be, if excited by a tooth, it is none the less tooth-ache in some of its forms or stages.

1st. *True tooth-ache* is acute inflammation of the dental pulp or nerve of the tooth only, and subject to the same changes as any other vascular tissues of the body, while running the different stages of inflammatory action, and the intensity and character of the pain depending somewhat upon, and marking the different pathological changes the pulp is undergoing at the time. *Its causes*—may be *constitutional, remote, approximate or local*. Constitutional, such as high sensibility and irritability of the nervous and vascular system. Remote, when other diseases are operating upon the system; such as tuberculous diseases of the nervous system, genital organs, attacks of cold, &c.; in short, any disease which operates to promote irritability and a morbid condition of the system, will favor an attack of the tooth-ache of any kind. Approximate and local; such as one diseased tooth operating upon another, by *metastasis*, sympathy or close proximity; decay of the dentine sufficiently to expose the pulp to air, and the irritating acids of the mouth, sudden and extreme changes of temperature, erosion, &c.; dead dentine without much softening, acting as a foreign substance, as in cases of blackness of the tooth-substance, commonly called black decay; on the contact of any foreign substance or plugging material, while introducing a plug; accumulation of serum, blood or pus beneath a metallic plug, or the decay of the tooth itself; when inflammation attacks the pulp before the decay is removed sufficiently to allow of the escape of the accumulating fluids.

2d. *False tooth-ache* is an inflammation of the alveolo-dental membranes and gums, and is commonly communicated from *within* the tooth to *without*, by continued inflammation and ulceration of the pulp, through the foramen at the end of the

root; hence it almost invariably commences at the apex of the fang. This membrane never continues acutely inflamed for any length of time, without destroying the vitality of the pulp, because the swelling of the coats of the blood vessels around the foramen at the end of the root, cuts off a supply of blood to it, and the high grade of inflammation which exists in the pulp before it extends to any height externally, will cause it to slough. This is the point at which true alveolar abscess commences, and is never established without a loss of the dental pulp. Its causes, salivary calculi, (but, as observed above, generally diseases of the pulp,) which will often excite extensive inflammation of the gum and periosteal membranes, and sometimes to such an extent as to even inflame the pulp, and cause it to slough; a blow with any hard substance will often produce the same effect. Calomel is also a common cause of periosteal inflammation, especially when pushed to ptyalism, and acids of various kinds, administered during illness, and the mouth not washed carefully. But the most marked cases of the kind, and the most painful, but without the extreme sponginess which exists in severe ptyalism, that we have ever seen, has been during the development and eruption of the wisdom teeth, in patients of extreme irritability of the nervous and vascular system. And what is most curious, however loose, and however sensitive the teeth may become in ptyalism or teething, as soon as the irritating cause is removed, the teeth return again to their natural and healthy condition, as a general rule, without a loss of the pulp.

3d. *Sympathetic tooth-ache*.—This character of tooth-ache may be regarded as only existing in sound teeth, or in teeth in which pain is experienced, but are not themselves the exciting cause of the pain, but excited by some irritating cause along the course of the nerves of the same side of the face; not, as is supposed by some, caused by a diseased tooth of the same class on the opposite side. Opposite jaws may be painful from the same cause, but not opposite sides of the face, except it be from disease of the roots, or both of the nerves of the fifth pair—such as in rheumatism or irritability of the nerves of the head and face generally.

Its causes.—Diseased neighboring teeth; diseases of any character involving the fifth pair of nerves; general irritation of the gums from salivary calculi; partially necrosed roots; uterine pregnancy; development and eruption of the teeth; exostosis of the roots and alveolar processes; ossification of pulp, &c., &c.

Diagnosis of true tooth-ache.—Actual contact with your instrument, after removing the decay of the tooth, and ocular

demonstration, are almost the only positive signs of tooth-ache; still the following symptoms may sometimes lead to correct conclusions, viz: pain upon taking substances into the mouth above or below the common temperature of the blood. Yet high sensibility of the tooth, when only slightly decayed, or where they are wholly sound, may give rise to great pain upon taking cold or sweet substances into the mouth; and sometimes cold is the only temporary remedy for inflamed pulp; therefore, a tooth-ache which is relieved by cold water, may be relied upon as arising from inflammation of an exposed pulp; on the contrary, warm, when it produces any impression at all, it is to increase the pain, and that is frequently the first sign we have of the inflamed pulp, after a tooth has been plugged with slight exposure of the nerve. Tenderness of the tooth *inside* of the *cavity of decay*, and more or less prolonged pain after the instrument is removed; while pain excited by sensibility of the bone, only lasts while the instrument is in actual contact with it. Again, a little experience will render the operator capable of judging whether the pain, excited by the contact of his instrument, is really from an exposed pulp or sensitive bone, by the peculiar thrill which it gives the patient.

These symptoms all become much exalted when acute inflammation attacks the pulp, together with intense pain accompanying. Intermitting pain is also a marked sign of true tooth-ache, especially in the after part of the day, and fore part of the night—the febrile exacerbation—the determination of blood to the head and face, which gives the flushed cheek more or less to all in the evening, accounts for more pain being experienced at this time than any other in the twenty-four hours. Few have tooth-ache in the morning; hence, the promises which are made in the night, that the tooth shall be extracted in the morning, are, on account of the absence of pain at that time, so frequently broken by the sufferer. When these symptoms are present, and there is no seeming elongation of the tooth from the socket, and no undue sensation by sharply striking against the cutting edge or grinding surface of the tooth, with a hard instrument, it may be generally relied on as diagnostic of true tooth-ache.—*Dental News Letter*.

ART. VI.—*Acute Periostitis*.

TO THE EDITOR OF THE BOSTON MEDICAL AND SURGICAL JOURNAL:

SIR—I take the liberty to send you the two following cases of acute and very extensive periostitis; and I am more inclined to do it, in consequence of not having seen, in my recol-

lection, any cases of so severe a character reported. I imagine that cases of the kind are not so extremely rare as may possibly be supposed. I think I have myself seen two other cases of the same description, which, however, could not be fully identified, for want of the necessary *post-mortem* examination. We, in the country, not unfrequently hear of patients dying suddenly of *fever* of a typhoid character, in whom the prominent preliminary symptom is excruciating pain in some one of the limbs. Whether such cases would all fall under this head, perhaps admits of doubt; but I have no hesitation in believing that very many of them, if submitted to examination, would be found to be of this character.

On the 15th of March last, I was requested to see a fine little boy, of 5 years old, of rather feeble constitution, but whose health was generally good. During the afternoon of the preceding day he had been at play in the snow, got into a pretty free perspiration, and got his feet wet and cold. He was rather restless and uneasy through the night, but made no particular complaint until morning, when he complained of pretty severe pain in the hollow of the right thigh between the hamstring tendons. I first saw him about 11 o'clock at night, and found him with a haggard look, agonized expression of countenance, pale, trembling, some degree of thirst, pulse 120 and feeble, general prostration, no uncommon heat of the body; severe pain in the thigh, recurring more severely every twenty or thirty minutes, lasting ten or fifteen minutes and then partially subsiding; thigh not swollen nor having any abnormal appearance. The ordinary antiphlogistic course was adopted, together with fomentations of the thigh.

16th.—Patient not relieved in any respect. Complained of tenderness of the abdomen, which was soon removed by fomentations. Had a turn of vomiting, after which he was unable to define any particular location as the exclusive seat of pain. The limb is now considerably swollen, and is tender to the touch; there is also inability to move it. The pain is excruciating, and is attended with great agitation of the body. Pulse the same as yesterday, and prostration increasing.

After this, there was at no time any diminution in the severity of the symptoms. The prostration increased; the pulse grew more feeble and more rapid; the pain more agonizing, but was never after this referred particularly to the thigh; the extremities grew cold, the vitality of the system was rapidly expended, and on the morning of Tuesday, the 20th, five days after the attack, he died.

Post-mortem Examination, 24 hours after Death.—Thigh somewhat swollen, but no other external mark of inflammation.

Tissues all healthy and normal above the periosteum. On cutting down to the bone, nearly half a pint of pus was discharged. The whole length of the shaft of the bone, from the condyles to the trochanter major, was entirely denuded and as clean as if it had been prepared for a college museum. The periosteum was softened, completely broken down in its texture and about the colour of pus.

The next case is one which occurred in the practice of a friend of mine, who kindly permits me to make use of it. It happened about two months since. The patient was a stout healthy girl, about 8 years old. No cause can be assigned for the attack, unless it originated from a bruise in the socket of the thigh bone, in consequence of jumping from a height a few days previously. She complained at the time of the hurt, but the pain soon subsided, and nothing more was thought of it.

This case was, in its symptoms, progress and termination, so precisely similar to the one already narrated, that an account of it would be only a useless repetition. The *post-mortem* examination disclosed precisely the same state of the bone and periosteum—with this difference, that in this case the head of the bone and the socket were also diseased. The cartilage covering the head of the bone, and that lining the socket and surrounding its edge, were softened, so as to be readily broken down by the finger nail, and the round ligament was entirely destroyed, so that the head of the bone was easily turned out of its place, as soon as the muscular attachments were loosened.

Cases of this kind are, without doubt, at their very onset, almost, if not entirely hopeless, even if there were present any symptoms which would seem to distinguish them from the host of rheumatic, neuralgic, and other pains of more or less severity to which the limbs are subject. Even supposing a true diagnosis could be certainly and undoubtedly made out, what is to be done? The patient is precisely in the situation of one who has received an extensive and severe injury. The shock to the nervous system is sudden and great—as great, perhaps, as if the whole limb were suddenly removed, or an extensive surface burned. But this is active disease, producing the effect of local injury on the general system, and it is the very intensity of the disease itself that prevents the application of proper remedies for its removal, or that prevents these remedies from having their ordinary influence if they are applied. No one would think of using depleting remedies in a case where the nervous system is prostrated by severe local injury or otherwise; but yet here is a case in which there is the same degree of prostration, and still the cause producing

it is not to be removed by any other means than the most active and energetic measures of the kind; for although the nervous system suffer ever so much, and the action of the heart and arteries be consequently reduced to a state of absolute feebleness, yet the intensity of the local disease seems to remain the same or even to increase, until, within a very few hours, if not from the very commencement, the patient is entirely past all human aid.—*Boston Med. Journal.*

A. WILLARD, M. D.

GREEN, N. Y., November 10, 1849.

ART. VII.—*Medical Gleanings and Musings—Case of Hydrophobia.*

The rapid increase of profound medical erudition, knowledge and experience, will, it is believed, eventually crush hydra-headed quackery and black-coated empiricism. Still, the regular profession require all their forces to accomplish this. We have able generals in the American Medical Association, but generals cannot act without privates. The amount of talents, ability and experience of those who never publish anything at all, would be a rich addition and powerful adjuvant, could it be realized and brought into market. And, O patience! thou art verily a difficult goddess to worship, when we reflect how many of our capable and qualified brotherhood withhold so much from their fellow laborers, which might be useful to them, their patients, and the public. Every member ought to pay tribute to the highest and most useful of all professions, *his own*. There may be various causes which induce such to keep their candle under a bushel, and never display a scintillation of their accumulated light. Some may think the same or similar cases are known already, and will neither procure admiration to the writer nor benefit to the reader.

Another motive operates upon a certain class who bear the gratuitous *handle of doctor* to their names. Their patients and the newspapers report cases which even they themselves would not vouch for; all the magic and miraculous display of which would vanish into thin air were they stated technically, circumstantially, candidly and truthfully.*

*My late friend, Thomas Miner, M. D., formerly President of the Connecticut Medical Society, observed, that there was one class of beings in the world greater liars than even quack doctors. This was their patients! We have heard of one of the latter, who went about the streets of a certain city, swearing that his doctor, whom he named, cut him open, took out his liver, healed, cleaned and put it back again, and that he was then well!

But there may be others, regularly bred, who, standing at the head of their profession, have not happened to see such marvellous cases as others have reported; and, as they cannot compete nor excel in the wonderful, they retain what might be a thousand fold more beneficial. For instance, they may not have had a patient who could distinguish colours by the touch, or read with her fingers; nor one in which the urine by metastasis was evacuated by the salivary glands; nor others in which that liquid was black, blue or green; nor one in which as related by Mr. Howship, the entire secretion was suppressed (as ascertained by the catheter) for six weeks or two months and then two gallons were passed by the *rectum* each day, for four days in succession! They may not have seen, as others are said to have done, the case of a woman who was delivered of a minute fœtus in October, and a full-grown birth the succeeding December; of another, who never in her whole life menstruated at all till she was 70 years old; of yet another, who neither in single or married life ever once had any show, or sign of catamenia, still after her marriage bore her husband three healthy children; of one, who, with her first child, had, by her accoucheur, in removing the placenta, her womb completely inverted, and never *re-inverted*, and yet was alive forty years afterwards and able to do the duties of a dairy maid; of an infant born with enlarged breasts, and hair where it appears at puberty; of another who menstruated at 3 years old, and at the same age had prolapsus uteri; of the "detection of a full-sized fœtus in the womb, without either placenta, umbilical cord, or mark of umbilicus."* This last seemed to me more surprising than all the others, till I reflected that *extra-uterine* fœtuses are sometimes thus found.

The accident at Cavendish, Vermont, by which a man had an iron bolt, three feet long, and nearly an inch in diameter, driven through his brain, and lived, is not quite unparalleled, as the following case, related by Dr. Macartney, will show. "He had known," he said, "an instance where a pitch-fork had been driven into the eye of a man, and had pierced the brain, and fixed itself so firmly in the skull at the top of the head that it was obliged to be hammered out from the opposite bone, and the man's mental functions never were disturbed by it, and he recovered and lived for some time."

But after all, the case related by Mr. Jones, of Gutterworth, of a boy, 17 years old, who had his head crushed by a wagon wheel, and part of the substance of the brain forced out, with improvements in his mental powers, is in a moral, physical, and physiological point of view, a very remarkable one. Some

* Dr. Good.

time after the lad got well, Mr. Jones met his mother, who told him that before her son was hurt he had constant headache, and could scarcely remember anything; but that afterwards "*he was sharp as a briar.*"

These and numerous other cases on record, singular and interesting, to be sure, are still of minor practical importance compared with others which are often, too often, withheld.

Our periodicals abound with theories and remedies which require repetition, fixation and establishment. A few years past we were pleased with the prospect of the physicians of Providence, R. I., having found in opium an infallible remedy for rheumatism. Who would not rejoice to see the experience of others coincide; or be equally gratified with a renewal, by the same respectable gentleman, of the continued and reiterated salutary results of their remedy?

In consultation and conversation with our medical brethren we often learn facts of prime importance, of which we never heard before, and wonder they have never made them public. At our State Medical Convention, held at Hartford in May last, I was impressed with an interesting sketch of a case, in private conversation, before the meeting was organized. In view of deriving aid to the medical public from similar unpublished sources, and that in particular, I offered a resolution as follows—"That the President propound to each member of the Convention present, queries to this effect: Have you any new suggestions to make, or cases to relate, which may be of importance to the art and science of medicine." "Resolution adopted," say the records of the meeting, "and questions propounded to the several members." It so happened, however, that at the time I was engaged on the the committee for reporting candidates for honorary degrees, and have nothing to relate from that source. But, as a means of eliciting useful information, it is noticed here. Prize questions afford us only one subject at a time, and only one dissertation is made public. By leaving the field open, every one would be at liberty to give such hints, and relate such phenomena, as would best comport with the resolution. If it were only enough to fill a nutshell, no matter, provided it be pure gold. We may get less of theory, but more of practical precept, experience and hidden treasure. Medicine is an art which advances by collective methods, and materials applicable to isolated and peculiar, as well as every-day cases. If we were not taught how to arrive at exact truth, we may learn how to shun error. We may learn that the means of present relief may end in death. Bringing minds together to act upon, sharpen, cultivate and confirm each other, is the grand, growing and prominent

feature of the age. Shall the medical world be left behind and stand aloof? How noiseless is thought. The sun in the fable accomplished by its mild beams, what the tempest and tornado could not.

Since the above meeting, the following, from an unexpected source, I have thought to be of sufficient interest to be submitted to the editor of the Journal. In a case of dysuria in a child-bed, hysterical woman, among other remedies I recommended an onion cataplasm to the pubes. The mention of onions brought forth remarks in their favor; and among other instances of their good effects, elicited the following singular history. The narrator at the time of its occurrence, lived in some town in western New York, the name of which I did not retain.

A man was bitten by a mad dog, and had hydrophobia; the rabid paroxysms of which were represented as more outrageously violent, vehement and uncontrollable, than in any other case of which I ever heard or read. His turns of ravings were such as to put his attendants in fearful peril of being bitten, by the infuriated maniac. In lucid intervals, so sensible was the patient himself of the danger of those around him, and of his utter inability to control his raging propensity to bite, that he desired to be confined in a room by himself. His request was complied with. He was shut into a large upper room at night, and fastened also by tying him up with a rope around his body. When morning came, his friend were no longer annoyed by the sound of his horrid ravings, and at once concluded he was dead. It so happened that in one corner of the capacious chamber in which he was confined, there was stored in one heap, thirty bushels of onions. Upon unfastening the door it was found that he had crawled into this heap, having, as was supposed, bitten in two the rope, which was thought too strong for him to break. But the most agreeable as well as unlooked-for circumstance, was, that instead of being dead he was in a sound and apparently sweet sleep. Upon awakening, he declared himself well. And so it proved; he having no return of his excruciating spasms, or any other symptoms of hydrophobia. The quantity of onions by him bitten and crunched, was represented as one of the most astonishing features of the case, and as being really enormous. What portion he had swallowed, neither himself nor any one else could tell. There is one feature in the chewed and bitten onions, which must not be omitted. It was asserted that those portions had *turned black*. The whole pile, sound and bitten, was carefully carried out and securely buried.—*Boston Medical Journal*.

JOS. COMSTOCK, M. D.

LEBANON, Conn., Nov. 1849.

ART. VIII.—*A Case of Natural Anæsthesia.* By PAUL F. EVE,
M. D., Professor of Surgery in the Medical College
of Georgia.

So universal has been the application of the Divine curse to man, that, *to suffer and to live* are not only inseparable, but may be considered synonymous terms. In the observation of more than twenty-three years, I have met with but a single exception to this apparently absolute law of our existence. It has occurred to me, that in these days of artificial anæsthesia, a brief narration of this case might not be devoid of interest to the profession; especially as this condition of the system was actually so complete and profound as to have caused the death of the patient.

I had known Mr. A. for several years, and am the intimate friend of his family physicians, the last of whom is one of my earliest and most promising pupils. From them I had occasionally heard that this gentleman had a natural insensibility to pain, previously to his becoming my patient. In 1845, I was first consulted by Mr. A., in reference to the developments of cataracts in his eyes. In November, 1846, he had one eye operated upon in a neighboring city, and for a time he could see pretty well. The sight not proving, however, satisfactory, the patient desired the cataract removed from the other eye; and this was accordingly done by couching, on the 6th of March, 1847. Believing that there was a disposition in the case to cerebral congestion, which might produce amaurosis, or even apoplexy, the family physician was advised to keep up some active derivation from the head.

After this second operation upon the eyes, the patient had a rapid recovery, and was soon able to ride over his plantation on horseback. In one of these excursions, he was unfortunately exposed to a severe rain, and apprehending his eyes might suffer, he ordered his servant to rub the nape of his neck with tartar emetic ointment. Desiring this application to be repeated, he was told that the part was already inflamed, but, as he says he did not feel it, and of course, could not see the part affected, his command was repeated and then obeyed. Erysipelas now occurred, and I saw the patient on the 11th of April, being about a month after the last cataract was destroyed. Free incisions were made through the skin of the inflamed neck, and other local and constitutional means employed. The disease, however, continued to increase in spite of most active treatment, coma supervened, and he died during the night of the 14th.

Mr. A. was about 56 years old at the time of his death. He was of sanguino-leuco-phlegmatic temperament; was a

corpulent man, weighing about 250 pounds, and had been a free liver. He was a lawyer by profession, of good intellect, being a man of strong mind and body, and had acquired considerable reputation as an advocate and politician.

And now in relation to his possessing a natural state of anæsthesia, the following facts are submitted:

During a political campaign, not liking the appearance of a finger injured in a rencounter, he bit it off himself and spat it upon the ground.

He had at one time an ulcer on a toe, extending finally to the foot, which resisted treatment for nearly three years, Mr. A. told his physician at the time, and has since repeated the same statement, that from first to last, it never gave him the slightest pain.

An abscess also formed in his hand, involving in its progress the whole fore-arm and arm, which became enormously swollen up to the body, and threatened his life. The lancet had repeatedly and freely to be used, and was followed by a copious discharge of pus for several weeks. During the whole treatment, he says he experienced no pain.

He says he felt no pain when his eyes were operated upon for cataract. Neither did either inflame. I can vouch for his statue-like immoveability during the second operation.

When his neck was pustulated by tartar emetic ointment, he did not feel it, but ordered the application to be repeated.

I made three incisions with a bistoury in his neck to relieve erysipelatous inflammation. He was so unconscious of the operation, that after it was performed he asked me to do it, that he might turn over on his back in the bed.

He told his attending physician that he never suffered pain from any cause whatever, until his last illness. For two days after its development he complained of the erysipelas, and then passed into his usual insensible condition, some time before the state of coma supervened.

It is proper to say that Mr. A. was a man of great probity, and never boasted of being insensible to pain.

The only cause suggested for this truly singular and peculiar condition of the system of this patient, is the free use of alcoholic potations to which he was at one time much addicted. But others have drank more than ever he did, without producing the same result. We think the case of sufficient interest to deserve a passing notice.—*South Med. and Sur. Journal.*

ART. IX.—*A Case of Rupture of the Quadriceps Femoris Muscle, which came under the notice of C. H. MASTIN, M. D., of Mobile, Alabama.*

In September I was called to see an old man, aged 60 years, who, in attempting to replace the bed of a wagon on its wheels, had his foot to slip, and his left leg in a state of semi-flexion, caught between the falling body and the ground. Upon examination, I found the quadriceps femoris, about an inch and a quarter above the patella, ruptured; the patella driven down, even out of its natural position, and its ligament "loosed" outward. Having satisfied myself of the correctness of my diagnosis, the next question was, as to the mode of treatment; how the ruptured ends should be co-optated and so retained. I extended the leg upon the thigh, and flexed the thigh upon the body; a uniting compress was placed upon the thigh in the direction of the fibres of the muscle, the patella restored to its position, and a roller passed from the toes to the groin; a splint extending from the tuberosity of the ischium to the os calcis, and the roller reversed and passed over the splint, down to the foot. The leg was now placed upon a simple inclined plane, which, by flexing the thigh upon the body, would keep the ruptured muscle in a relaxed condition, and thus more effectually approximate the ends. The patient was now left to rest. No bad symptoms occurring, at the end of thirty days, the dressings were removed, and the double inclined plane of Amesbury substituted, which, by gradual flexion and extension, ankylosis was prevented, and in the time of forty-five days, from the accident, the patient was perfectly cured.

This proves to be an interesting case, from the advanced age of the individual, from the fact, that the violence of the blow—sufficient to rupture so great a mass of muscle—did not abrade the skin, and the speedy recovery, even without a bad symptom.

That the accident cannot be regarded as trivial, we have but to notice, that out of fourteen cases mentioned by Demarquay as having occurred at the Hotel Dieu, only five may be considered as having had a favorable result. M. Velpeau mentions two cases of rupture of the *tendon* of this muscle, which came into La Charite in 1838, and remarks, that though it was impossible to affect union by immediate contact, still the cure was completed without the functions of the leg in either case being perceptibly disturbed.

The fact of the new substance, which unites the two ends, being ultimately transformed into a tissue resembling the original, may be the reason why, ruptures of the extensor tendons and muscles, do not cause lameness more frequently; the mus-

cle being only lengthened to a small extent, its retractions eventually overcome this elongation, and in a short time the movements of the leg show but slight derangement.—*South. Med. and Sur. Jour.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1 *On Nervous or Convulsive Cough.* BY M. SANDRAS.

There are several varieties of this:—1. The patient can receive no physical or moral impression, without suffering from a cough almost convulsive in its character. In examining the chest of such a person, the physician may be led into grievous error, and the unnecessary fear of incipient phthisis, unless he examines it on various occasions, and under different circumstances. Patients with incipient phthisis also cough from the slightest cause; but it will be generally found that in those cases the impression is physical, while in those we are alluding to it is oftener moral.

2. Another form of cough, having some analogy to this, is observed whenever certain functions are brought into play, or when they are more actively exerted than usual. Thus, it is found in some whose meals have been too long delayed, in others as soon as they have eaten, especially if rather fully. Other persons cannot take a little extra muscular exertion without bringing on a tormenting cough of this kind. In both this and the preceding form the cough is dry and capricious, exhibiting very inconstant physical signs; but this latter form is somewhat more fixed in character than the first, inasmuch as in the same person it is always when the same function is fulfilled that it is produced; and it seems, too, to be more dependent upon disorder of the organs in connexion with the exercise of whose functions it appears; and this should be our chief guide for its treatment.

3. Another cough is observed upon the slightest irritation of the bronchi being produced; so that the least cold brings on a convulsive cough nearly as bad as that of pertussis. Sometimes, and especially in children and very young adults, it takes on this form at the very commencement of the cold, and retains it until coction is produced. Each paroxysm is accompanied by a dry, rancous sound, and attempts at vomiting. Sometimes it is periodical, the disease only gradually assuming the character of an ordinary ripening catarrh. In other cases the spasmodic character is only observed as the cough is drawing towards an end. Instead, however, of coction taking place, the expectoration continues frothy and transparent, and is only ejected by convulsive efforts and vomiting—the paroxysm being brought on by the slightest cause, and a state of spasmodic suffocation being almost induced, until a little transparent and frothy matter is expectorated, when all becomes quiet and normal until a new paroxysm. In some cases the cough suddenly ceases, without the expectoration having undergone any change; but this is rare. The causes of this pertussoid cough are not of easy appreciation. At the commencement, all is like a common cold; and it is the reiterated catching cold in an eminently neuro-pathic subject that seems to

induce the aggravation. The prognosis, as regards immediate danger, is favorable; but is more serious in respect to future consequences, owing to the various evil consequences which may ensue upon the congestions the paroxysms give rise to. The destruction of sleep and disturbance of digestion which it causes are other important circumstances. Among the more serious results, is the production of hernias and of emphysema pulmonum. The irritation of the glottis and larynx should be relieved by tepid aqueous or narcotic vapors, and by the use of demulcent emulsions with laurel-water. When the expectoration is difficult, syrup of poppies, with small doses of tartar emetic, should be given, the antimony, whether it causes vomiting or not, affording great relief. So, too, small doses of extract of belladonna every night, or night and morning, should be given when the expectoration is somewhat modified, and in a few days the convulsive character of the cough usually abates. When this drug disagrees with the patient, it should be used endermically.

4. This variety may be called *hysterical*, from its occurring in hysterical patients. In a subject whose respiratory organs are habitually in a good condition, all at once an irregularly paroxysmal cough comes on, occurring at frequent intervals, and sometimes almost without intermission. It does not terminate with the expulsion of mucosities, but is either dry and objectless, or is accompanied by a true phlegmorrhagia. Hysterical phenomena sometimes precede or accompany the cough; while at others it ceases instantly that these appear. The cough is found to get worse and worse, in proportion to the development of the hysteria; and this without any physical explanation of its intensity. The pulse is not febrile, but may be irregular, and such a one as is found in nervous subjects. The prognosis is favorable, unless the cough is mistaken for a phlegmasia, and aggravated by mal-treatment. The treatment is, in fact, that which is proper for hysteria; but two means are specially indicated—the use of belladonna, and the employment of baths. Belladonna, given in doses of one-seventh of a grain every half-hour, is highly efficacious; and it is rare for five or six doses to be given before improvement is visible. Baths at from 34 deg. to 39 deg. act as if by enchantment; but sometimes it is useful to give them at from 75 to 82 deg.; and this is the temperature which will in most cases prove the best, after the patient has already employed the higher.—*Bulletin de Therapeutique*, tom. xxxvi. pp. 385–96.

2. On the Treatment of Psoriasis and Lepra Vulgaris. BY M. EMERY.

M. Emery states, that when appointed to the St. Louis, several years ago, he tried all the various remedies so warmly recommended by authors, and of all these *arsenic* proved the best internal medicine; but besides the inconveniences which it sometimes gave rise to, its operation was very slow. The external use of *strong tar ointment* ($\frac{1}{2}$ to $\frac{1}{4}$ of tar) produces, in fact, a far more rapid cure than any other means. Of from 1,500 to 1,800 patients who have employed it, five-sixths have been rapidly cured, and that without any ill consequence, or any greater frequency of relapse than after internal means. In 228 cases of psoriasis, the arsenic and tar were used conjointly, and 200 were cured within two months. Of all the preparations of *mercury*, the *protiodide* is alone efficacious ($\frac{1}{2}$); but it excites much irritation of the skin, and if applied to large surfaces, produces salivation. The *iodide of sulphur* is useful in psoriasis of the head; but if applied to large surfaces, produces ery-

sympelas. The conjoined use of the arsenic and tar-ointment constitutes, in fact, the best medication. In a disease so apt to recur, the greatest attention to diet is essential; and on the least symptom of recurrence, resort should be had to medicine, without waiting until it become very bad. Before commencing, the patient takes a bath, and rubs in the ointment with gentle frictions three times a day. In two or three days the strength of the ointment and activity of the friction are increased; and when the disease is of old standing, linen rags smeared with the ointment are to be kept applied. A tepid bath is taken once or twice a week. It is only in very irritable skins that the treatment is interrupted by the appearance of impetiginous pustules or furunculi. In about ten days we perceive, where the squamæ have fallen, a whitish circle circumscribing the patches, and extending from the circumference towards the centre. This is a sign of a decrease of the disease, which usually disappears in two or three months. With respect to the arsenic, we should begin with five drops of Fowler's solution, in four ounces of sugared water, which are to be divided into two doses. Every other day the dose is to be increased a drop, until twelve are reached. If we observe that the patches are becoming thinner, and acquiring a blackish-gray color, this is a sign of saturation, and the dose is not to be increased; but even when this is not present, it is rarely proper to go beyond twelve or fifteen drops. Sometimes the skin becomes hot and painful around the patches; but this is relieved by tepid lotions, demulcent drinks, and diminution of the doses. After twelve or fifteen drops are reached, a feeling of constriction of the throat, or severe pain of the stomach, is perceived; and then the medicine should be suspended for a day or two, and recommended *de novo* with the small dose. Pain near the heart, with palpitation, sometimes renders venesection requisite. If any contraction of the extensors of the limbs is observed, the medicine must be at once abandoned; and as soon as the blackish-gray color of the patches appears, which announces saturation and an approaching cure (though such spots may remain for months,) the arsenic must be discontinued.—*Bulletin de Therapeutique*, tom. xxxvi, pp. 431-90. *Med. Chir. Rev.*

3. *Masturbation in Girls.* By M. RENE-VANOYE.

DR. DURR long since affirmed that this may be always suspected when warts are observed on the index or medius finger, especially when they are not present on the other fingers. In support of this opinion, Krietschmar gives the case of a girl, who, wishing to ascertain whether her fowls were about to lay, was in the habit of passing her finger into the cloaca, with the effect of generating an abundant crop of warts upon it. Dr. Rene-Vanoye has recently met with two cases, in which this sign enabled him to discover the real cause of otherwise inexplicable exhaustion. It is one certainly desirable to bear in mind, though cautiously to be made use of.—*Rev. Med. Chir.* t. v, p. 235. *Med. Chir. Rev.*

4. *On Nux Vomica in Impotence and Spermatorrhœa.* By M. DUCLOS.

INCOMPLETE impotence is of far more common occurrence than would be supposed, until many patients have been questioned respecting it.—Erections are almost always possible, especially in the morning; but they are soft, incomplete, and insufficient, a certain amount of tension only continuing, and that for a short time. This state may be met with in

men even of the strongest make and most robust constitution, in whom the vascular and muscular systems have attained their highest development. In others, in whom these systems and the nervous system are ill-developed, the generative functions are properly exercised, so that the general-physical force is no criterion of the special force of these organs. This imperfect condition is as often found in those who have been excessively continent, as in those who have abused the sexual organs; and it is observed just as often in persons whose nervous system is easily excitable, as in those in whom its lesser irritability allows of a predominance of the muscular and vascular systems. Self-pollution may occur either by night or by day, the discharge being either a true or a pseudo spermatorrhœa.

Accident first led the author to the employment of *nux vomica* in this class of affections; and he has since observed several cases in which its efficacy has proved very great. He divides 75 grains of the alcoholic extract into 100 pills. During five days he gives 1 every night; then for other 5 days, 1 morning 2 night; for other 5 days, 2 night and morning; and for other 5 days, 2 morning and 3 at night; and so on until 4 are taken night and morning. He has never found any harm result, altho' some patients have taken 14 pills per diem. In many cases the stomach is rapidly improved by the medicine, the lost appetite returning. The following liniment rubbed into the loins and on the inside of the thighs is a valuable though not an essential auxiliary:—*R. Træ. Nuc. Vom., Træ Arnicæ vel. Melissæ aa, 60 p. Tr. Lyttæ 15 p.* The regimen should be tonic; and the increased appetite demands a larger supply of food. A very moderate use of coitus is advisable.—*Bull. de Therap. tom. xxxvi, pp. 529-33.*

5. On Valerian in Epilepsy. By M. CHAUFFARD.

M. CHAUFFARD, an able practitioner at Avignon, adds his testimony to that of so many other writers, concerning the great efficacy of this substance in the various disorders of the nervous system: and in truth, in many of the functional disturbances of this it is invaluable. M. Chauffard likewise confirms the opinions of many of the older and some of the modern writers on the materia medica, as to its utility in epilepsy, and he attributes the failures in very many cases in which it has been given to the small quantities employed. To be of use in this formidable affection, very large quantities must be perseveringly taken for some months. In the cases given in illustration, as much as from four to sixteen drachms of the powder were taken in divided doses, daily. Great repugnance is at first felt to both its taste and smell, but this is soon got over, and neither nausea, oppression, nor other disagreeable sensation results; nor does the drug with any certainty produce diuretic or other marked effect. Dr. Chauffard generally premised a bleeding with good effect; and several cases remained under observation for months and years after the cure was effected.—*Rev. Med. Chir. t. v, pp. 265-72.*

[We are almost tired of chronicling remedies for epilepsy, so fallacious do they all sooner or later prove; yet in so terrible an affection, and one in which patients are usually so eager to try every resource, it is satisfactory to have the testimony of so old a practitioner as M. Chauffard, that in some forms of the disease, valerian has, to all appearances, operated a cure.—*Ed. Med. Chir. Rev.*]

6. *Quotidian Hemiplegia, treated successfully by Chloroform, &c.* By F. G. BROXHOPE, Esq., M. R. C. S. Eng., &c., Islington.

On July 8, 1848, six P. M., I was requested to visit Miss L——, aged thirteen years, of delicate constitution and appearance, I found her suffering most intensely from an acute lancinating pain darting through the head, which she had been the subject of nearly three weeks—to use her own expression, “it was like that of a knife being pushed through the head.” It came on quite suddenly. The direction of the pain was across from one parietal eminence to that of the opposite. I examined the head most carefully, and could detect nothing whatever that the pain could be attributed to externally. The cutaneous nerves of the scalp were entirely free from the affection, and the pain which she was suffering was completely confined to the parts within the cranium. Soon after the paroxysm of pain commenced, the vascular excitement of the brain, and indeed of the whole system, was intense. The eyes became suffused, and appeared at times a fiery redness. The pulse, which during the intermission, was eighty in the minute, and weak, rapidly rose to 100, and became full; breathing rather accelerated, but not difficult during the paroxysm; skin hot and dry. This stage of excitement continued from two and a half to three hours, and left our patient as suddenly as it came on. After this, a kind of spasmodic dyspnoea succeeded, the attack resembling one of asthma; this continued about three-quarters of an hour, gradually subsiding, leaving behind it great exhaustion, and at length terminated in sleep. Fearing serious consequences might be the result of the vascular excitement within the cranium, ten leeches were applied to the temples during this paroxysm, which appeared to afford some slight relief. The tongue was coated with a dense light-brown fur, and the secretions of the mouth were much vitiated; there were thirst and slight febrile action during the intermission, with fulness and tenderness about the region of the liver and spleen; bowels constipated; urine scanty and highly coloured; acid, specific gravity, 1025, abounding in lithates. A calomel-and-jalap purge was administered, with the desired effect; after this, quinine every three hours.

Saw her on the 7th, at eleven A. M.; had slept during the night; slight febrile action; pulse 90, and full, but compressible; no appetite; thirst; secretions generally much vitiated. Repeat the purge, and continue the quinine with sparing diet. At half-past five P. M., the time about which the paroxysms had hitherto returned, I again visited her, and found her in the same state as in the morning. No return of pains, nor were there any symptoms of a relapse that night.

8th.—Had passed a good night; pulse 86, and more natural in feel; bowels relieved; urine improved in quantity and quality; other symptoms much improved. Continue the quinine with a more generous diet than the preceding day. Half-past five P. M., paroxysm again returned if anything, more severe than it had ever been before. Being under no apprehension of organic disease of the brain, heart, or lungs, I administered half a drachm of chloroform on a pocket handkerchief; the effect was instantaneous; she changed at once from the most excited state possible to that of the greatest quiet and repose. The pulse, which was during the paroxysm 110, and full, but compressible, decreased to 85; breathing perfectly tranquil and natural; eyes wide open; pupils dilated, but contracted on the approach of light. She remained in this state a quarter of an hour, then became perfectly sensible and expressed herself as being entirely free from pain, only much exhausted. She recollected

nothing of the pain leaving her, only that a handkerchief was applied to her mouth, with something on it very strong. Continue the quinine.

9th.—Had passed a good night; pulse 84, and natural in feel; every one of the unfavorable symptoms fast subsiding; all the secretions beginning to assume a healthy aspect, and appetite better. Repeat the purge and quinine. At a quarter to 6 P. M., she relapsed into her condition of the previous evening, with the exception of her paroxysm not being so intense. I again administered a similar dose of chloroform to the previous one, and with the same happy result, only that she remained under its influence three-quarters of an hour. On returning to consciousness she felt no pain; neither had she from the moment the chloroform had been applied, but was much prostrated. Continue quinine as before.

10th.—Had slept well during the night; pulse 80, but less full and compressible; appetite improved; secretions also; and she appeared altogether better; still there continued some congestive pains about the liver and spleen, only perceptible on pressure. Repeat the calomel-and-jalap purge diet as before; as also the quinine throughout the day. On my visit in the evening, I found her much improved; had had no recurrence of the paroxysms; pulse 85, more full, and less compressible; appetite much improved; and also the secretions generally. Continue the quinine and diet as before.

11th.—Had slept the whole night; appetite quite restored; pulse natural, and secretions healthy. Quinine as before and diet more generous.

The case progressing favorably for three more days, and the congestive pains about the spleen and liver having subsided, I gradually discontinued the treatment, and allowed the usual diet; so that in one week from this period she was in a state of perfect convalescence, and has continued so up to this period, without any symptoms of a relapse.

In the month of June I attended a similar case to the one detailed above, in conjunction with a gentleman of great experience residing in the neighborhood; and finding the case did not yield to aperients and quinine, I suggested chloroform, which was employed with precisely the same results as in the one I have particularized.—*London Lancet*.

SURGERY.

7. *Excision of the Knee-joint.*

The meeting of the Societe de Chirurgie of Paris, on the 26th of July last, was entirely occupied by a controversy which calls to mind the still pending difference in this country regarding the excision of the head of the femur. M. MAISONNEUVE, Surgeon to the Hopital Cochin, had in his wards a young man aged nineteen, affected with white swelling of the knee. He first thought of amputating the thigh, but subsequently resolved to take up again an operation long abandoned in France, and severely condemned by M. Velpeau. One favorable circumstance was the fact of the disease having begun in the soft parts, and the affection of the bones being merely consecutive. Two semi-lunar incisions were made above and below the patella, in such a manner that their concavities were opposed to each other, and their extremities in contact. After a careful dissection, the patella was removed, and by dividing the lateral and crucial ligaments, the luxation of the articulation was easily effected. A little saw was then introduced behind the head of the tibia

and this process taken off by sawing from behind forwards. The articular extremity of the femur was sawn off in the same manner, but the fibula was respected. The synovial membrane formed after these excision a cul-de-sac behind the triceps; this was incised, and turned into a simple wound which united perfectly. The operation was performed nine days ago; the patient has done very well hitherto; the limb is well secured in a proper apparatus, and the wound, as well as the bony surface of the bony surface present already very favorable granulations, which may encourage the hope of a satisfactory termination. M. Maisonneuve contended with great vehemence in favor of the excision in this case, against a very warm opposition from the fellows of the Society. We shall not attempt to sketch the discussion, the advantages and drawbacks of such an operation being sufficiently obvious. We will not fail, however, to acquaint our readers with the ultimate result of the excisions.—*London Lancet*.

8. *On the Successful Employment of Ergot of Rye in Psoas Abscess.* By JOHN BROWN, M. D., &c., of Boston.

Mrs. J——, aged thirty, had been long under treatment for psoas abscess, and was sent here from the north of Lincolnshire in August last to her parents and native air, and told that nothing more could be done for her. She was much emaciated, and was seldom able to leave her bed. The discharge amounted to about half a pint, as she supposed, in the day and night. The sac bulged out very perceptibly in the right iliac region whenever the outlet became closed. My first intention was to inject the sac with a solution of nitrate of silver, but failing to get a sufficiently free passage in the sinuous opening, I abandoned the local management, and resorted to the ergot of rye. I have used ergot for several years most freely in uterine hæmorrhage, hæmoptysis, and leucorrhœa, and it now struck me, that a medicine capable of closing the patent mouths of the capillaries of the uterus in menorrhagia, and of the secreting mouths of those in the vagina in leucorrhœa, might reach the sac of a lumbar abscess, and exercise its influence there.

The ergot was at first given in powder in frequent doses, until some degree of intolerance was manifested by the stomach, and pains were felt about the abdomen, and it is desirable that one or the other of these states should be produced by way of assurance that the drug is not inert; it can then be administered less frequently, and the dose diminished and combined, as the case may indicate. This person having restless nights with pain, opium was combined, but the stomach not bearing this the infusion of the usual strength was administered, with Dinneford's alkaline solution, and small doses of compound tincture of camphor, the surface of the abdomen being rubbed occasionally with the biniodide of mercury ointment. This plan seemed acceptable to every symptom from the first; the transient hectic disappeared, the discharge diminished and the strength increased from day to day; there has been no change made for several weeks, and the abscess is all but extinct; there is sometimes no discharge at all for two days together, and then no fulness or distress, and by rubbing a little of the biniodide over the orifice, she can re-open it, and liberate the trifling discharge which remains. Last week she walked down to my house, a distance of more than a mile from her parents', in as good health, to all appearance, as she could wish to be in,

and, indeed, expressed herself as feeling quite well. Apart from this case, I have encouragements which induce me to invite the attention of the profession to this treatment of psoas abscess.—*London Lancet*.

9. *A Case of Diseased Larynx, in which Tracheotomy was three times Performed, and a Portion of Necrosed, Ossified Cartilage was Coughed up, through the Artificial Opening, from the Bronchus.* By E. HUMBY, M. R. C. S.

T. H——, aged fifty-three, had passed the greater part of his life at sea, or in the West Indies. In April, 1845, having had syphilis two years previously, he took mercury, to relieve secondary pain, &c. In July, a severe cold he caught was accompanied by pains, sore throat, loss of voice, and dyspnoea. Active antiphlogistic treatment proving unavailing in relieving the last symptom, tracheotomy was performed, and a silver tube worn for a month. This was then dispensed with for three weeks, but the recurrence of dyspnoea required its re-introduction. Mercury was then rubbed in, the patient was kept in a room supplied with a constant jet of steam, and iodine was given internally. In July, 1846, the difficulty of breathing increasing, it was determined that the opening should be enlarged, and a wider tube introduced. This was affected with difficulty by Mr. Liston, in consequence of ossification of the rings of the trachea, which the bone forceps were required to divide. In October following, the author first saw the patient. He was then suffering from constant cough, with muco-purulent expectoration and great constitutional excitement, and with physical signs of mischief in the lungs, especially the left. On November 14th, Mr. Liston cut out a second piece of ossified trachea; and in a fit of coughing which followed, a large piece of necrosed and ossified cartilage (apparently a part of the cricoid) was coughed up. The patient died six days after the operation.

Autopsy.—The right pleural cavity contained three pints of turbid serum, with lymph. The left lung was partially consolidated. The upper aperture of the larynx was nearly closed; the bulb of the cricoid cartilage was absent; the rings of the trachea were ossified; and in the left principal bronchus was a fragment of necrosed ossified cartilage. The author considers the disease to have had its origin in the primary syphilitic affection, and remarks that the principal points of interest in the case are, the great difficulty attending the operation of tracheotomy in this instance, and the presence of the dead bone in the bronchus.—*London Lancet*.

10.—*Cicatrices after Burns; Removal of the Deformity by the Gilding Method, (autoplastic par glissement.)*

M. HUGNIER, surgeon of the Hopital Beaujon, lately communicated to the Societe de Chirurgie, the successful results of an operation performed by him to remove the deformity of an averted lower lid fixed in its vicious situation by the cicatrix of a burn. The different steps were as follows: the margin of the *upper* and lower lids were carefully pared, avoiding the eyelashes and tarsal cartilages; then a semi-lunar incision was made on a level with the lower segment of the orbit, along the whole extent of that segment, the knife being carried to the bone, two similar incisions were made about three lines below the first and at the

same distance from each other. These incisions facilitated the raising of the lower lid, and five sutures fixed the pared margins of both lids to one another. Lint was then put into the three wounds inflicted by the knife to prevent healing by first intention, and they were very carefully dressed. The patient presented, a month after the operation, the following appearances: The inferior half of the globe is perfectly covered by the lower lid, which latter is, in some degree, remodelled; the occlusion of the eye has not been complete, the lids adhere only by the inner and outer angles. The cornea is clear, and vision good, and the new cicatrices do not present any deformity. M. Hugnier tried this method as being recommended by M. Maisonneuve, Surgeon to the Hopital Cochin; this practitioner had remedied, too, the partial loss of the upper lid, by making three parallel incisions on the forehead; it is not recorded, however, how long the artificial adherence of the lids was allowed to go on. M. Hugnier himself had operated before on the upper lid in a similar manner, and wished the eye to remain closed for seven or eight months, but the patient, who was going to be married, had the lids separated after three months, and did very well. This method is similar to the process used by M. Jobert (de Lamballe) for the cure of vesico-vaginal fistula—viz., “autoplastic par glissement.” A member observed that relapses were to be feared when this method is employed, that Celsus and Bordenave had used it, and that its novelty must therefore be called in question.—*London Lancet*.

11.—*Iodine Injection for Fistula.*

M. AMEUILLE lately mentioned, at a meeting of the Societe Medico-Pratique of Paris, that he had succeeded in completely curing very refractory fistulæ of the groin and axilla, by injecting into them, for a few days, a mixture of ten parts of tincture of iodine to fifty of distilled water. The mixture should neither be decanted nor filtered, but well stirred before use. The pain resulting from the injection may be mitigated by a poultice, and the patient be allowed to rest for a while. In some cases slight compression must be used besides the injection.—*Lon. Lancet*.

12.—*Excision of a Lipomatous Polypus situated on the Arytenoid Cartilages.*

Professor LAUGIER, surgeon to the Hospital of la Pitite, in Paris, has just removed from a man, thirty-nine years of age, a polypus of the size of a small walnut, situated on the posterior surface of the arytenoid and cricoid cartilages, in the following new and ingenious manner:—The operator seized the tumor whilst the tongue was steadily depressed, with an adapted forceps, which he gave to an assistant, with the injunction of holding it with care. The tumor was then transfixed with a stout needle carrying a double thread; the two ends of it were brought forward; and a gum-elastic catheter introduced into the right nostril, the extremity of which was likewise made to project through the mouth. The two ends of the thread were then passed through the eye of the catheter, and the thread itself thus easily brought out through the nostril. The tumor was, by means of the thread, vertically raised, and so well seen as to be easily removed with curved scissors. The bleeding was trifling, no surrounding organ injured, and the man did well.—*Lon. Lancet*.

OBSTETRICS.

13. *Recovery of an Infant after Perforation of its Cranium.* By Dr. LAGAE.

In July, 1839, the author was called to a woman, æt. 34, in labor with her second child. Two years before, she had been delivered of a still-born child by means of the forceps. He found that the labor had continued more than forty-eight hours, and that the practitioner already in attendance, after having in vain endeavored to deliver by the forceps, had perforated the cranium, and made ineffectual efforts at extraction. The woman was fatigued, but not exhausted; and Dr. Lagae fearing, owing to the height at which the head was situated, and to the narrowness and obliquity of the pelvis, that the greater danger would result to the mother by continuing the attempts at extraction than by performing the Cæsarean section, resorted to the latter. No difficulty attended its performance, the mother getting about in a few weeks, and living for eight years after. A feeble male infant, heaving some sighs, was delivered. There was a large wound in its cranium, situated to the right of the sagittal suture, and a few lines in front of the posterior fontanelle.—Through this the brain was visible, looking like a sanguinolent pulp, a small portion escaping by the wound, as did other portions, after the suppurative process was set up. The child recovered; compresses, dipped in cold water, being alone applied to the part. It, now nine years old, was recently exhibited to the West Flanders Medical Society, a loss of substance equal to a two-franc piece in size being still observable in its cranium, notwithstanding that reparation of the loss of the cranial bones occurs in the young.

The child's intellectual faculties are in their normal state. A circumstance worthy of note is, that at the solution of continuity in the bone, where the soft parts alone cover the brain, there sometimes takes place a depression, and then the brain is plainly seen raised up by the arterial pulsations at the bottom of this cup-like depression. When this appearance manifests itself, experience has shown that the child is not well.—At other times, the soft parts remain on a level with the cranial bones, and the arterial pulsations are slightly, if at all, observable.—*Revue Médico-Chirurg.*, tom. vi, p. 55. *Med. Chir. Rev.*

14. *Vagitus Uterinus.*

DR. WINKEL communicates a case which occurred in the person of a rickety woman, in labor with her first child. He and several other persons distinctly heard the infant cry during a quarter of an hour, while still in its mother's womb. Indeed, it was only delivered eight or nine hours after by means of the forceps, and that with such difficulty that its life was sacrificed. The hydrostatic test, applied twenty-four hours after, showed that respiration had occurred.—*Medecin. Zeitung*, 1849, No. 12.

[It is to be regretted that so meagre an account of the phenomenon should have been given; for the mere fact of the child's head requiring to be brought by the forceps through a rickety pelvis several hours after, is no proof that its mouth may have not descended to some distance in the cavity before the cry was heard.]

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

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1. CONTRIBUTIONS TO PHYSIOLOGY, By BENNET DOWLER, M. D., &c. New Orleans, 1849.

Taking this very remarkable production in connection with several others of a like stamp, which have preceded it, from the same source, we confess ourselves at a loss as to the most proper manner of noticing it or them. Comment of some sort seems to be called for, as well from the circumstance of their having been noticed *in a certain manner* by others, as in deference to their own lofty pretensions. We might be pardoned perhaps for receiving the whole as the quizzical production of some tolerable hoaxer, but a careful inspection leads us to the conclusion that Bennet Dowler, M. D., is certainly in earnest—*very earnest* he would seem to be indeed.

We do not often quarrel with peculiarities of style; the communication of reliable facts and logical deductions, we are willing to receive and welcome, dressed in any garb of words which can clearly convey the meaning, however infelicitous; but in the present instance we confess that *the manner has* prejudiced us against *the matter*, and necessarily so, because if it be an index to the author's mind and disposition, we must infer that neither is of a character to fit him in any eminent degree, for such investigations or discussions. There is in this, as in his former articles, a certain inflation, a coinage and aggregation of "hard words," a wholesale depreciation of the alledged discoveries and of the views of others, combined with a most perverse misrepresentation of them, and withal such evidence of a thorough conviction of his own infallibility, as is altogether at variance with the simplicity of scientific truth, and incompatible with the modesty, the patient and varied investigation, the hesitation in forming conclusions, which have ever been the characteristics of those to whom science has been most indebted.

Enough of this however, let us turn to the production itself; here the first thing which strikes us, is a sort of lamentation over the limited number of our senses—we should have been blessed with a "Dynamical sense" and with a "sense of Finality" and then—what a pity they were forgotten—we should have been able to "know the number, nature and substrata of the forces, as the muscular, capillary," &c., &c., and "been able to cognize disease as an entity," then, too, we might be "enabled to apprehend the connection between Quinine and the dissipation of an Intermittent," &c., &c.

Our author complains also that "we have no sense to appreciate space in its entirety" and farther "the mind as an entity cannot be identified, appreciated or even conceived of by the external senses of man,"

—no, certainly not, Dr, Dowler; nor could all the senses your ingenuity could invent, or your liberality bestow upon us, change a *property* of matter into matter itself—transform the *condition* of one entity into another entity,—cause the finite man to comprehend infinity of space, or make the mind of a man, a pig, or even an alligator, anything more substantial than what we already conceive it to be—the simple result of the performance of the function of an appropriate organ, in other words, a property of certain organized matter. *How* this matter comes to possess this property—*how* muscle possesses the property of contractility—or *how* all matter is endowed with the property of attraction—we do not, nor shall we ever know; else could we fathom the Infinite, who impressed upon all matter its properties, and to whose will must every creature finally refer, as the ultimate cause of all phenomena.

Again we quote “the adaptations and the intentions of nature are to a considerable degree obvious in the osseous, muscular, &c., structures, while those of the brain, nerves, spleen, capillaries and other organs are beyond the grasp of the senses.”

Now there is no peculiarity in the *structure* of a muscle which would render it “obvious” in any degree that it was destined to contract; it is no more obvious why the particles of the fibre should attract each other under certain circumstances, than it is obvious why or how the cellular structures of the nervous system perform their peculiar functions. The fact is, that to know anything of the functions of an organ or of the properties of any matter whatever, we must *observe it in all its relations*; unless we do this, the possession of no conceivable additional sense would serve to enlighten us; while success is certain sooner or later, if we only *thus* pursue our investigations, with the aid and proper use of those we have; it is however necessary to have an especial regard for one which our friend has omitted in his catalogue—*common sense*.

“Nor is this all; causes produce effects apparently contrary to all analogy and synthesis, the muscular motion produced by the percussion of the dead body, is exactly contrary to every principle of dynamics known in the physics of inert matter; the percussed body does not move in a right line, nor in a direction opposite to the percussing force.”

Your pardon, Dr., surely you must be mistaken; if the body is *dead*, it is really *inert matter*, and percussion will act upon it precisely as upon any similar matter, possessing a corresponding arrangement of parts. If the muscles percussed still retain life, can manifest their function of irritable contractility, then indeed you will have motion other than that which is the immediate result of the force you apply; the phenomena however, which result are not contrary to the “principles of dynamics known in the physics of inert matter,” involving other principles, they only differ, widely as the living organism which causes the motion, dif-

fers from unorganized matter. The motions, which we presume you refer to, are not caused by your percussion, but by muscular contraction, the movements resulting from both, are in exact accordance with the ordinary results of the application of ordinary forces to any ordinary matter.

In the perusal of the work before us, we have been forced to observe on every page, the extremely loose and incorrect manner in which the admitted facts and received doctrines of modern physiology are handled, and how much of real error is attributed without any adequate foundation: an example or two, even at the risk of being tedious, may serve to show how people *can* write, even upon grave scientific subjects; were we looking over a partizan newspaper article on politics, we should not feel surprised at such demonstrations.

"It is not a little surprising to find so many physiologists, charmed by a glittering word INNervation, an ideal creation, an ideal alteration, never yet discovered, never yet explained even transcendently, and, consequently, beyond the reach of verification by any materializing test, beyond the scrutiny of Realism. *This word*, however, serves as the foundation of much in physiology, more in pathology and therapeutics, and, what is still more astounding, it is relied on by some morbid anatomists. The latter, finding that in almost all persons dying of what disease so ever, particularly of fever, that little or no appreciable alteration takes place in the nervous tissue or matter," concludes, against both reason and analogy, that their patients died of innervation, or an unknown change in that structure! Would an angler go into a rail road car to angle for fish?—a recruiting officer into the dead house for soldiers?—a gold digger into a glacier?—an astronomer into the mammoth cave of Kentucky?"

Pro-di-gi-ous! Save us from such pathological anatomists. Where are they, Doctor? Name them if you please, sir; give us chapter and verse.

Again:

"The theoretical bias to centralization which prevails in modern physiology is not warranted either by the experimental, nor the transcendental philosophy. Why should not the sensorium be *diffused*, instead of being *restricted to a single centre, or mere point* in the cranial, spinal or abdominal cavity? Why should all the lines of intellection, sensation, motion and vitality meet in, or radiate from, one or three centres? For example: take any organ associated with the sympathetic system, and compare it with any ganglion of that system, and it will appear from anatomy, analogy and teleology, that the organ is better adapted to do its own work than the ganglion, though both may be necessary to the origin and perpetuation of the organic function. The same bias prevails in pathology."

What a mixture! Why, Dr.; no one supposes that a ganglion of the sympathetic can secrete bile, or urine, or perform any other function but its own; no one supposes that "all the lines of vitality meet in or radiate from"—any where—or, (except yourself) that there are any such things at all. You must permit us, however, to hint in the most respect-

ful manner possible, that if a ganglion cannot secrete bile, neither can a liver think, "*cause why*" "it is better adapted to do its own work."

We do not know why "the sensorium *should* not be diffused," we only know it *is* not and could not be, unless the requisite organism were diffused also; it is fully enough that we should have the instruments of the sensorium, the organs of the senses diffused or situated as we find them: to suppose that the sensation of touch resides in the nervous tissues of the skin, is about as reasonable as to suppose that the eye could see independently, or the ear of itself have the sense of hearing.

The following specimen is a fine one—rich, indeed:

"In opposition to some of the doctrines of the present system of neurology, including its absolutism, its supposed centralization, and its exclusive pretensions to physical, phrenological, dynamical, sensational, volitional, pathological, and vital domination, it might be urged and proved, synthetically and analytically, that often other systems or tissues contribute equally, sometimes surpassingly, to the economy, in health, and in disease: for example, observation, experiment, analogy, teleology and rationation prove that muscular motion is not the mere passive, but the direct act of the muscle—not a mere secondary, transmitted nervous force, but an inherent, ultimate phenomenon, which, in its simplest state is quite independent of the nervous centres and their connections. This is, indeed, remarkable; for it may be confidently predicted, from what is already known, or from what may be fairly deducted from data extant, that future researches, impartially conducted, will show, that each tissue, each organ contributes to the vitality or life of the whole; or, (to use an apt illustration, for which I am indebted to my distinguished friend, Dr. Cartwright,) as each state of the Union is, for certain purposes, sovereign and independent in itself, and, yet, contributes, at the same time, together with all the States to form one general government, so each organic tissue contributes to the formation of one vital whole. The constellation is fixed: No State revolves around another, or even around the general government. There is not one centre, and thirty satellites or organs in either the Federal, or in the physiological system. Admitting (what is indeed, positively erroneous,) that the nerves form an essential condition of muscular contraction, still this would not prove them to be the instruments of motion, seeing that they have no adaptations to that end, while the muscles have. Moisture, a certain temperature, and certain nervous influences might be necessary conditions, not direct agents adapted to flexion and extension."

Wonderful!! We scarcely know which to admire most, our author's prophetic inspiration, or his "distinguished friend's" exquisite illustration.

Who supposes the nerves to be instruments of motion? or anything else than that in some cases they can and do cause the muscles to perform their proper functions.

"Among the forces or dynamics of the living body, I regard two, as having been already established as independent and inherent, namely, the muscular and capillary, (including the venous, portal, lymphatic and lacteal.) At least, there can be no longer any question as to the reality, independence and non-derivative nature of the former. Possibly the

latter may be only a modification of the same force—a force that must serve, henceforth, as the type and point of departure for the science of Vital Dynamics. Can physiology boast, as yet, of any other clearly developed and well established dynamical principle?”

Perhaps, Dr., you will be so good as enlighten us as to this capillary, venous, portal, lymphatic and laeteal force; at present we profess ourselves in such gross ignorance, as not to be aware that any such force had been “established as independent, inherent,”—tell us about it, Dr., and in return we will just mention, that there is a force by which some of the cilia are moved, and a force which simple cells, as of spongioles, and leaves of plants are capable of exercising on the fluids in contact with them—neither of these forces, we would observe, are probably of muscular, nor yet of capillary origin; and yet we have senses sufficient to observe their effects—to establish them as inherent and independent.

We would not willingly extend this article so as to become tedious, therefore passing over much which is *remarkable*—very—we shall at once come to our worthy author's great idea—here it is in his own concluding words:

“On the whole, it may be safely concluded, that voluntary motion is neither directly communicated from, nor regulated by the brain, or the cerebellum; that the muscles, in connection with the spinal marrow, perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself; that the trunk, as well as the brain, thinks, feels and wills, or displays psychological phenomena; that the *sensorium* is not restricted to a simple point, but is diffused, though unequally, or in a diminished degree, in the periphery of the body; and that actions which take place after decapitation, as described above, are in absolute contrast to *reflex actions*, being sensational, consentaneous, voluntary, and in other respects, dissimilar.

In order to prove this, to show that it is a “safe conclusion,” the author gives us the details of certain experiments performed by him on alligators, with the resulting phenomena; one of these we transcribe at length—it is certainly the most remarkable.

“*Experiments on the Alligator, No. 2*: (The same gentleman, as before mentioned, were present :) The decollation was not followed by a projecting stream of blood, as is usual; no ligature was applied to the great artery of the neck. The dull hatchet used in severing the spine of the neck, had probably bruised the artery, as in torsion and gun-shot wounds. Hence the hæmorrhage was not great, though considerable.

I carried the handle of the knife towards the eye, to ascertain whether it would wink, whereupon the ferocious, separated head, sprang up from the table with great force, at me, passing very near my breast, which received several drops of blood; It alighted upon the floor, from six to eight feet distant from its original position! It missed me, because I was standing at the side, and not in front of the head. Although I have examined carefully, all the muscles of the head, I cannot find one that accounts for this feat of combative muscular motion. The angles

of the mouth recede so much in this animal, that after decollation, including the medulla oblongata, the head seems almost like two separate pieces, the superior and inferior maxillary bones being joined chiefly by the great masseter muscles, for only a short distance. These great muscles (the masseters), which are curved, having their concavity anteriorly, are adapted only to vertical action, as in biting—the great muscles of the tongue act backward and upward against the palatine region:—whence then this quick, violent, forward motion, or rather, as in this case, diagonal leap of six or eight feet—for the head diviated to the left where I was standing, evidently with the intention of biting me? The trunk, in this, as in all cases, possessed no power of forward motion. This curious fact with respect to decapitated animals, noticed by M. Magendie,* and other vivisectioners, has been attributed to the *loss of the cerebellum*; but whether this loss of forward motion in the alligator, be owing to a division of the spine, and great muscles, or the separation of the larger or smaller brain, or both, is not very evident, yet the fact which I have noticed respecting the forward motion of the separated head, is, perhaps, a circumstance favorable to this view. That a voluntary, spontaneous and powerful motion,—in fact a diagonal leap, should be performed by the separated head, must therefore appear astounding to one acquainted with the muscular organization. It is difficult to understand, how the cerebellum could thus act alone."

It is difficult to understand—very; but perhaps the cerebellum did not act *quite* alone,—might not muscles have helped a little!—indeed our worthy friend characterises the "feat" as one of "*combative* muscular motion," although after a careful examination of all the muscles, none were found which could have accomplished it. We doubt whether we could have discovered them either; and now at last we feel inclined to regret the lack of that "dynamical sense;" perhaps if we had this, we should be able to establish the fact that the motion resulted from mere combativeness—combative force—why not? the head was so "ferocious:"—at any rate the circumstance may serve to suggest to our author the existence of another force distinct from the muscular and capillary, including the venous, &c., &c. To continue, however:

"For about two hours, the headless trunk of the last mentioned alligator, exhibited such phenomena as are usually attributed to the brain, namely, sensation, volition and intelligential motion, as tested by the application of bits of ignited paper, wounds, and the like, whereupon the usual indicants of pain were elicited with great promptness and precision: it trembled, receded, rolled over, curved, placed its limbs accurately to the exact spot, and removed the offending cause. In certain places this was exceedingly difficult, as on the spine, between or near the shoulders, or hips. It always used the limb the best adapted for the purpose. If the fire was too remote, as when applied to the tail, the whole body was thrown into the most favorable position, for the purpose of reaching and removing the same. If the fire was placed on the table in a position to annoy, yet without touching, the animal, as if endowed with sight, reached, and always accurately, to the exact spot, and either

*Magendie says "Ce que j'ai remarque jusqu'ici de plus constant, c'est que le cer-
velet semble necessaire a l'integrite des mouvemens en avant." Journal de Phy-
sique.)

extinguished the fire or removed it. As upon former occasions, if the animal found that the fire was continued on the same spot, and that it could not remove it, which was sometimes the case, owing to continuous or repeated applications, and carefully manœuvring, it curved the body—scratched violently, manœuvred skillfully, and then as a last resort, rolled quite over, laterally, always *from*, never *towards* the fire and operator.

After these experiments had progressed for some time, Dr. Cartwright desired me to cut off the neck close to the shoulders. This was done, but the intelligent, sensational, and volitional motions continued as before."

For the purpose of giving a full exposition, we quote farther:

"Why should adaptation, contrivance, design, consentaneity, simple and compound motions go for nothing, simply because the animal has been so unfortunate as to lose its head, and all of its senses but one? Can a blind man see the rainbow?—a man without legs, dance the Polka? I incline to think, that the headless trunk has memory; for after the first irritations, like a burnt child, it dreads the fire, and makes increased efforts to remove the irritant, though it may be but a slight one.

If a stone were to manifest feeling, willing, contrivance, design and voluntary motion, that is, the elementary manifestation of mind, it follows, unavoidably, that this stone has a mind, higher or lower, it may be, than that of some other sentient beings. Now, if this stone be divided, and if each division displays essentially the same phenomena, it follows, that each has a mind, though this conclusion may not be a phrenological one."

And again—

"The diffusion of sensation and intelligence, together with a multiform volition, may be called by physiologists, "a manifest absurdity," by the phrenologist, a manifest impossibility, and by the psychologist, a manifest blasphemy; but the experimenter may mutely point to a divided animal; one part on the right side of the table, manifesting intelligent motions, while on the left side, the other part manifests identical phenomena; both parts of the body, according to the exigencies of the case, acting voluntarily, but in different times, velocities, directions and modes. The "manifest absurdity" in this case, lies not in the multiform character of volition, but in the conclusion that all the manifestations of the head are mental, while the *same manifestations* in the trunk are only *anatomical, physical, instinctive*. But, even this distinction explains nothing, for there is as "manifest an absurdity" in *two instincts* as in *two wills*. The experimentalist may rest assured, that hard words, great names, and dazzling syllogisms cannot destroy palpable facts, nor produce physiological outlawry at this enlightened day."

Now, then, we conceive we have Dr. Dowler in full, and his whole theory: the correctness of his conclusions rests upon these two points simply, 1st, whether sensation is absolutely connected with muscular movement in all cases,

And 2nd, whether, when we witness combined movements effected for the performance of a given end, it is necessary to suppose that these are directed by the intelligent will of the individual body in which they occur.

That we may make no mistake in reference to the first position, we quote our author's words:

"Is it possible that any right thinking physiologist can assert that the application of a bit of ignited paper to the headless trunk, by which all the above described actions are elicited, must act *automatically or physically, without the intervention of sensation and volition?* Can the imagination conceive any stronger proofs of feeling and willing, especially in a deaf, dumb, and blind animal, that has, moreover, lost the power of rectilinear progression?"

And—

"Thus decapitation (I must repeat the statement) deprives the trunk of four out of five senses. The sense of touch only remains. How the reflex physiologists, or, indeed, any but sciolists, could expect, what they call *spontaneous or voluntary motions* in the trunk, *without a stimulus or contact*, is passing strange, *not to mention the ineffable absurdity of construing the motions arising from a stimulus or touch, as involuntary.*"

Now, we would ask the Dr., how it is that the isolated fibre of muscle can contract when you apply a stimulus—fire or a knife, for example? Can every fibre *feel* for itself as well as contract for itself? The fibre certainly can contract without a particle of nervous structure near it, so can and will the muscle of a part of the living man, which part has been deprived of all sensibility by division of a nerve trunk or by other means. To suppose that the limbs in this case, or the isolated fibre in that, has a consciousness of its own condition, while the individual is unconscious, is, to say the least, perfectly gratuitous; but the very same phenomena take place—in the same manner, and by reason of the same kind of means in the vegetable kingdom. The opening of the stomata of the leaves—the decided motion of the common sensitive plant, when the stimulus of the touch of the hand is applied, are essentially of this character—are they also "intelligent?" is it so "ineffably absurd to construe *such* motions arising from a stimulus or touch as involuntarily?" Surely there is no occasion to pursue this subject further, every one knows that there are multitudes of muscular actions, performed continually without the concurrence of either sensation or volition, in various parts of the living body.

As to the second proposition that an intelligent will is necessarily to be inferred from the combination and adaptation of movements, we hold it also to be perfectly untenable. It is very true that the intelligent will can in some way make use of muscles, that they are to some extent its ministers; but for this end it is not necessary that the will shall be directed to or control any or every particular fibre of the muscles to be used effecting any particular movement,—nor yet that it shall control and direct the contraction of each particular muscle concerned in its production. No! when we purpose a movement requiring the consensual and varying action of many muscles, our will is not directed to the muscles—the means—but to the end, we are not even conscious of such and such muscle being in motion: the will may with more propriety

be said to act upon *muscular organs*, than upon muscles. The muscles in the organ or in the organisms, whose combined action is necessary to a given effect, have the power of acting together for the production of that effect without the particular direction of the will, as it is without the consciousness of the individual. This is often a power acquired and perfected by long habit of such action alone; a man scratches the itching spot without consciousness or any exercise of will—even in sound sleep—the eye lids wink, the motions of swallowing and many others take place habitually without our observation. Who is busied with his intellect and will, as directed to the particular muscular actions which are taking place when he walks, eats, sings or plays on a musical instrument? Now why, if for the performance of these complicated movements, neither sensation nor will is necessary in the perfect being—if they, in such, habitually occur merely from a local stimulus or from an act of the mind not directed to them—why, we ask, should they not occur equally without sensation or will, when the animal is deprived of the organs of sensation and will, whose functions are clearly not necessary—they certainly can, if the necessary organism is not so disturbed in some way by the mutilation or the shock, as to deprive it of its normal vital properties.

Although then the intellect and will can and do make use of muscular organs as their instruments to effect their purposes, we are not warranted thence in concluding, that actions concerned in the comfort and well being of the individual, cannot be performed without their influence, we know that they can as well as without sensation or consciousness. Nor will the most intelligent contrivance and adaptation of means, including necessarily muscular actions directed to the accomplishment of a specific end, always argue intelligence in the complete individual; how much less should it be held to do so in the severed members. Ere the Bee builds its comb, has it calculated the difficult problem of the shape of each cell, which shall give the most strength, with the least consumption of material? Of a surety, no! and yet the work is truly and perfectly accomplished, much better than most intelligent men could perform a similar one. Now Dr. Dowler's system of logic, if fairly carried out, would attribute the intelligence requisite to raise the symmetrical structure, to the little architect; we are content to see in that and a thousand similar manifestations, the mind of the Creator only.

If will is necessary to direct motion, knowledge and intellect are surely necessary to direct that will; yet the first peck of the chick at its food is as perfect as its last, the distance of the object is as well appreciated at the first plunge of the fishing bird, as at the hundredth, the first jump of the trout is as truly directed to secure his prey, as that which leaves him dangling on the angling line, though in another element; who taught these to appreciate not only the precise distance of the object, but the

exact effect of refraction of the rays of light, as they pass from one medium to another, varying with the density of either. The will may indeed here be directed to the attainment of the object, but not at all to the means, either "intelligential" or organic by which that object is secured.

Let us go a little farther, and examine some of the "intelligent, sensational, volitional," &c., &c., movements which we witness in the vegetable kingdom, e. g., the movements which take place in the organs of fructification in many plants—how is it we find the several parts moving at a proper time, approaching—touching each other—the male organism imparting to the female the germs of a future offspring, the cold phlegmatic vegetable actually warming to the work, &c., &c. Are we not irresistably led to the conclusion that something even lower than an oyster—may fall in love? Here is a chance, Dr., for extending the realms of mind—for a pretty little theory about vegetable dynamics, intelligence, volition, &c., &c. What an exquisite idea—the loves of plants—the hopes and fears, and the jealousies, the quarrels and reconciliations—of two pretty little flowers! * what a subject for a tale of tenderness and—fiction. We shall hesitate to recommend it however, if vivisections are necessary, for of a truth we love the flowers, and should feel even less pleased, to imagine them opening their voiceless mouths in suffering and woe, than we are to hear of the wholesale butcherings of the ugly, ferocious, and very long suffering great saurians of Louisiana.

We have been led to this extended notice of Dr. Dowler, his sayings and doings, by our love of Physiology, at once the most attractive and the most difficult of sciences. We are pained to witness the energies of the Doctor and his co-labourers, directed, as we think, in a channel not likely to conduct them to any satisfactory conclusion; at the same time we cannot shut our eyes to the fact that his lucubrations and experiments, will probably reach many who without due investigation, may be led away by them into gross errors, or revolting at their misrepresentations and over hasty conclusions, and confounding them with really scientific investigations, may thereby conclude that physiology is a humbug, and all its doctrines base and chimerical.

In conclusion we would in sober earnest, and with the kindest intentions, urge upon Dr. Dowler the careful and systematic study of modern physiological science, both general and special, *as it really exists*, and with a mind so far as possible not pre-occupied; he will find much that is lamentably imperfect—in no department more than that which relates to the function of the nervous system, having done this, in no way can he more laudably employ himself than in endeavors to increase our knowledge, and render it more accurate, but this he will never accomplish except by patient labor. His alligators seem to be, in some respects

* "*Amantium iræ amoris integratio est.*"

excellent subjects for such investigations; when for instance he finds many muscular organs combining to accomplish an object, let him not satisfy himself with attributing the phenomena to sensation or volition, which even if they existed, tell us nothing of the anatomical relations of the nerves and muscles by which these movements are really effected, let him patiently trace the nerves which determine the combination of the muscular movements, from the irritated point to their connexion with all the muscles moved. His experiments, if accurately observed and reported, would lead us to suppose some other connecting points and centres of motor influence, than the ganglia of the spinal cord; now should it require weeks—months—years of toil, in patient dissection of the dead animal, should it require as much more sacrifice of time and labor to verify the results in the living one, and at the end of that time he should present to science one such fact as this, with all its attendant circumstances, we should award him a very different position from that we have felt constrained to do. His labors hitherto have only tended to undermine the temple, in whose construction we should so much like to see him laboring, and we would fain hope to hail his next production as really a “contribution to physiology.”

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- 2.—HUMAN ANATOMY, by JONES QUAIN, M. D., edited by RICHARD QUAIN, F. R. S., and WILLIAM SHARPEY, M. D., F. R. S. Professors of Anatomy and Physiology in University College, London. First American, from the fifth London edition. Edited by JOSEPH LEIDY, M. D., in 2 vols, with over 500 illustrations. Philadelphia, Lea & Blanchard.—1849.

The brief notice of the above work which appeared in the September No. of this Journal, was written during the prevalence of cholera in Cincinnati, when every minute of our time was engaged in attending to the duties of our profession.

This must, in some measure, serve as an apology for the imperfect notice then made. Since that time, a close inspection of the work has revealed new beauties and objects of worth; its perusal has been a pleasant task, and we can only reiterate a former assertion, that it is one of the most comprehensive and best works upon Anatomy in the English language. It is equally valuable to the Teacher, Practitioner and Student in medicine, and to the Surgeon in particular, is it welcome, by presenting in a masterly style the surgical anatomy of the most important regions of the body.

It is not our intention to attempt a review of this book, but we think that a more extended notice of it is due the profession.

In the commencement of the first vol., thirty-five closely printed pages are devoted to a general consideration on the textures of the body. The elementary tissues are described, and their chemical, physical and vital properties explained. A detailed history is given of the nature and

origin of the Albuminoid and Gelatinous principles, and the Extractive and Fatty matter of the body. Then follows an article upon the Development of the textures; the formation and growth of the nucleated cell is shown, illustrated by beautiful plates, which exhibit the microscopical structure of vegetable and animal fabric. In fact this part of the work comprises a brief but excellent treatise upon microscopical Anatomy, blended with appropriate physiological remarks.

In the section upon *Osteology*, about twenty pages are devoted to the composition and minute anatomy of osseous tissue, embracing all that is known concerning the beauty of its structure. In this, as in the descriptions of almost every other elementary texture of the body, we find much that is useful and original, contained in the additions made by the American Editor. The profession in America are also under great obligations to Dr. Leidy for the original plates which he has inserted, and those introduced from Wilson's Anatomy; these, with the matter super-added, have supplied us with a work much superior to that emanating from the English press. We cannot withhold that tribute of praise to Dr. L., which he justly merits from every American physician, for the contributions which he has heretofore made in the department of microscopical anatomy, and to express our faith and hopes that his future efforts will tend greatly to enrich the science of medicine.

In the descriptive anatomy of the various organs, the easy and pleasant style of Prof. Jones Quain is, in a great measure, retained in this work.

Before describing the individual joints, a detailed account is given of the areolar, the yellow elastic and white non-elastic fibrous, the cartilaginous and fibro-cartilaginous tissues, and synovial membranes. The excellent treatise upon Fascia, we learn by the preface, was contributed by Mr. Potter of London, and the manner in which he has performed his duty reflects upon him much credit. We have not seen a better dissertation upon this important structure, unless that contained in Velpeau's Surgical Anatomy, where, however, it is given in detached pieces, appropriate to the particular region described.

The minute anatomy of muscular fibre is given more elaborately, than we remember having met with elsewhere. To this the American Editor has made some valuable additions, as in the arrangement of the sarcous elements, and the location of the nuclei of muscular fibre, &c., illustrated by several original plates.

In the section upon angiology, after a full and accurate description of the central organs of the circulation, wherein the position and the exact dimensions of the different orifices and cavities of the heart are shown, we have a lengthy history of its development, from the earliest period of embryonic life, to its mature condition.

Next the physical and organic constituents of the blood, chyle and lymph are given, with a description of their chemical and vital properties, before treating of the organs concerned in their circulation.

The chapters upon the vascular system are rendered more valuable by the special labors of Richard Quain, which have been directed to the surgical anatomy of the most important blood vessels, at the places of election for their ligation in various accidents, diseases and operations.

Next we have a microscopical treatise upon the epidermic cell, and the various changes it undergoes in the production of hair, nails, etc., and upon the ciliated and non-ciliated epithelial cell; the minute structure of the follicles and villi of mucous membranes; of the sebaceous follicles of the skin, and of secreting glands in general — illustrated by well executed wood cuts; this is followed by the descriptive anatomy of the skin, the mucous and serous membranes.

The organs of respiration are treated of in a full and comprehensive manner. Dr. Leidy, by his description and plates, has rendered plain some obscure points in the minute anatomy of the vesicular structure of the lungs. He has also contributed one of the finest plates we have ever seen, representing the position and direction of the fibres of the different intrinsic muscles of the larynx. After giving the author's description of this organ, Dr. L. appends an article of his own, which first appeared in 1846, in the *American Journal of Medical Sciences*, wherein he denies the existence of the vocal cords. He says: "If the muscular layer which is placed beneath the alae of the thyroid cartilage be raised up, the crico-thyroid membrane will be exposed. This will be found to have its origin from the inner circumference of the superior edge of the cricoid cartilage, anterior to the arytenoid cartilage, and from the anterior part of the bases of the latter, and to have its insertion into the interior half of the entering angle of the thyroid cartilage. Its internal face is in contact with the lining or mucous membrane of the larynx, and a good view of it may be obtained by removing the latter. Its anterior part is thickened and pierced by several foramina for the transmission of blood vessels; its superior edge is also a little thickened, and is on a line with the inferior edge of the opening of the ventricle of the larynx, constituting what is generally described as a distinct structure, under the name of the inferior thyro-arytenoid ligaments or vocal cords, but which, as such, really do not exist: more properly, this membrane cannot be considered to stop here, as it may be traced, though in a very thinned condition, over the whole periphery of the ventricle of the larynx, even so far as the epiglottis. A little thickening in this membrane at the line corresponding to the superior edge of the orifice of the ventricle, produces the so-called superior thyro-arytenoid ligaments. This membrane, which may be called the vocal membrane, (*membrana vocalis*,) throughout its whole extent is composed of the yellow elastic tissue, but above the inferior edge, of the ventricle, is intermingled with a good proportion of areolar tissue."

Although we admire the close enquiring mind and spirit of true investigation, with which Dr. Leidy seems to be eminently endowed, yet

we cannot agree with him in denying the existence of the inferior thyro-arytenoid ligaments as the true vocal cords. Admitting with him that these are nothing more than the thickening of the so-called *membrana vocalis*, this alone, connected with the peculiar mode of their attachments, endows them with a character which the rest of the membrane does not possess. There are cases in point, situated in other parts of the body, where changes somewhat analogous are seen in membranes or fascia; as a rude example, we may cite the ilo-pubic, or Poupart's ligament: this is nothing more than a thickening of the inferior border of the aponeurosis of the external oblique muscle of the abdomen — yet from its attachment with bone and other tissues, it serves purposes in which the rest of the tendon is not concerned. Now a state of things somewhat analogous to this, actually exists in this part of the larynx: the thyro-arytenoid ligaments are continuous anteriorly and inferiorly with the crico-thyroid membrane, both of which, from the nature of their offices, would be expected to contain a large amount of yellow elastic tissue in their composition, but on passing above these inferior vocal cords, Dr. L. acknowledges that the membrane becomes thinner, and is blended with "a good proportion of areolar tissue." Of course we would expect to find here, as in other places, a gradual transition of the yellow elastic into the areolar tissue, which in this location looks much like the ordinary corium of mucous membrane.

The thickness of that part of the membrane over the thyro-arytenoid muscles, the nature of its attachments anteriorly to the thyroid cartilage and the crico-thyroid membrane, and posteriorly to the the arytenoid cartilages, through the movements of which it is rendered lax or tense, by the action of different muscles, the narrowest fissure of the larynx — the rima glottidis — being embraced by these two ligaments: their partial isolation from the parts above by the presence of the ventricles, rendering their vibrations more independent: the great number of these vibrations requiring a large amount of mucus to lubricate them, and that wisely supplied by the sacculus laryngis, the outlet of which is immediately above these ligaments, and finally the result of experiments proving that any portion of the walls of the larynx above these ligaments, can be punctured with more or less impunity; but as soon as they are injured, the voice is destroyed, all concur in proving that the inferior thyro-arytenoid ligaments are the true chordæ vocales — the essential organs of voice.

But to continue our notice of the work. Next in order we have an excellent description of the nervous system, forty pages of which are devoted to its microscopical appearances. In the description of the nerves, the editors have received great assistance from the labors of Mr. Ellis, of London, which fact they acknowledge in their advertisement.

In regular order, we have the description of the organ of the senses, containing new matter and illustrations — then the organs of digestion —

of re-production, &c., and the work closes with an excellent article upon the surgical anatomy of the perineum, and the operation for Lithotomy, and the surgical anatomy of the parts concerned in various forms of abdominal hernia, with the series of directions for the operation when strangulated.

The American Editor has enhanced the value of the original work. Besides contributing largely to the microscopical anatomy of almost every texture treated on, he has added much that is useful to its special anatomy and physiology. Comprising a part of this matter, we may mention his description of the mechanism and action of the heart — of the arrangement of air cells around bronchioles — of the course and relative position of the muscular fibres of the larynx — of the arrangement and course of the white nervous fibres of the septum lucidum — and of the connexions of the olfactory bulb and pedicle, and a long article upon the minute structure of the liver, in both its healthy and morbid condition, together with a large number of appropriate notes, illustrating different parts of the work.

J. P. J.

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3. THE DISPENSATORY OF THE UNITED STATES OF AMERICA: By GEO. B. WOOD, M. D., Prof. of Materia Medica and Pharmacy in the University of Pennsylvania, &c. &c., and FRANKLIN BACHE, M. D., Professor of Chemistry in Jefferson Medical College of Philadelphia, &c. Eighth Edition, carefully revised. pp. 1380. Philadelphia: GREGG, ELLIOTT & Co. 1849.

Commendation of this truly national and valuable work, so well and favorably known throughout the profession of the United States, is but a feeble tribute to its merits. An adequate one, however, is found, in the alacrity with which the ambitious physician supplies his library, on the issue of every improved edition.

Its being an indispensable accompaniment in the office of the intelligent practitioner, is at the same time a gratifying evidence of its sterling worth, and that the distinguished authors receive the meed of honor which is so justly their due.

The great variety and dissimilarity of sources from whence are derived the articles of the Materia Medica, almost necessarily preclude the idea of a *perfect* arrangement of them; yet, in our view, some faults of this kind might be at least partially obviated in succeeding editions of the U. S. Dispensatory.

One of the most prominent blemishes of the work, is the want of a regular system of *heading* its articles.

Sometimes the article goes under the name of the product of the plant, at other times under the name of the genus and species, then under the genus alone, then again the name of the species alone, and lastly, they will sometimes be found under a common name. Another blemish will be found, in the repetition of the same articles, or articles

derived from the same source, frequently possessing the same or similar qualities, under various heads, and in different, distinct and distant parts of the book.

1st. Examples of the first kind are numerous: *Ammoniacum*, p. 87; *Assa fetida*, 128; *Copaiba*, 200; *Opium*, 506; *Kino*, 414; *Manna*, 446; *Myrrha*, 464, &c.

2d. Examples of the occurrence of articles under the names of the genus and species, are also numerous. We will only cite a few. *Acidum Sulphuricum*, 43; *Allium Cepa*, 67; *Anydus Persica*, 93; *Arctium Lappa*, 117; *Triticum Hibernum*, 722; *Verbascum Thapsus*, 135, &c.

3d. The occurrence of the name of the genus alone is frequent; as that of *Althæa*, p. 75; *Chimaphila*, 207; *Mucuna*, 468; *Zingiber*, 749, &c. &c.

4th. Nearly as frequently, will the article be found under the name of the species, without any reference to, or indication of the genus to which it belongs. Examples: *Absinthium*, 4; *Belladonna*, 137; *Petroselinum*, 535; *Serpentaria*, 657; *Toxicodendron*, 717; *Uva Ursi*, 729, &c.

5th. Examples of common names at the heads of articles, will be found in *Chiretta*, 203; *Colomba*, 261; *Opium*, 506; *Acetate of Magnesia*, 1222; *Ambergris*, 1226; *Coffee*, 1249; *Crabstones*, 1254; *Matico*, 1232; *Soot*, 1304, &c. &c.

6th. On page 506 will be found *Opium*, under which we have a long, excellent, and lucid account of that famous drug, minutely detailing its botanical, chemical, pharmaceutical and commercial history. Under the head of *Papaver*, (631,) we have another account, not so full, to be sure, of the same plant from which opium is derived; and to confuse us still further, under the title *Rhæas*, (598,) we have it over again, but with the decided disadvantage of being so attenuated, as regards the virtues of opium, as to be considered a good substitute for *Homœopathic* medicine.

The genus *Anthemis* is divided into three heads: 1st. *Anthemis*, (103,) where we have a good account of the chamomile. 2d. *Cotula*, (278.) 3d. *Pyrethrum*, (578.) A very natural arrangement would have included them all under the title *Anthemis*.

So, again, *Senna* is divided into three heads, and heterogeneously arranged in different parts of the book. On page 177 will be found *Cassia Marilandica*, the American senna, which, if differing at all from the senna of the shops, is only so in being a little weaker than some of the species. Then, under the head of *Senna*, (651,) we have an excellent physical and commercial account of the different kinds of *Senna* of the shops, the produce of several species of *Cassia*. And again, under the head of *Cassia Fistula*, (186,) we have another account. It is true a different part of the plant is used medicinally, but it is the product of the same genus, and possessing precisely similar properties.

Another prominent example is to be seen in the article *Magnesia*, and its preparations. *Carbonate of Magnesia* and *Sulphate of Magnesia*, will be found in the First Part, pp. 438-440. In the Second Part, under the head of Preparations, *Calcined Magnesia* is found under the head of *Magnesia*, (1022.) *Magnesia Sulphas* is again [1025] again occurs. In the Third Part, or Appendix, *Acetate of Magnesia* [1222] is given. *Chloride of Magnesium* [1241] is given under another head. And lastly, *Citrate of Magnesia*, 1246. Every one of them is either a gentle laxative or cathartic.

7th. Again, we sometimes have as the heading of the article, the name of the part of the plant, as *Conii Folia*, 264; *Granati Fructus Cortex*—*Granati Radici Cortex*, 277; *Phytolaccae Baccæ*—*Phytolaccae Radix*, 537; *Lauri Baccæ*—*Lauri Folia*, 455; *Stramonii Folia*—*Stramonii Radix*—*Stramonii Semen*, 499, &c. &c.

8th. To render the confusion still more varied and conspicuous, we not unfrequently see articles arranged under the name of a genus or species, that have long since been suspended or discarded by all reputable botanists. Among these we witness *Angustura*, [99,] which is a Galipea. *Arctium Lappa*, 117, the proper name of which is *Lappa Major*. *Diosma*, 301, which is now a *Harosma*. *Dracontium*, 303, which is *Symplocarpus*. *Prunus Virginianus*, 566, which, by the mistakes of the older botanists, was transferred for the name of the true medicinal plant, *Cerasus Serotina*.

9th and lastly. Some mistakes are made which are inexcusable in a work that assumes to be at the head of its class, as it deservedly is in this country.

The most prominent of those which we feel capable of correcting, are the following:

1st. *Filix Mas*—*Aspidium Filix Mas*, 332. The authors say this plant is indigenous, growing in the pine forests, from New York to Virginia. The plant to which they refer, is evidently the *A. Filix Mas* of Pursh. Prof. Kunze of Leipzig, in an article on the Ferns of the U. States, (*Silliman's Journal*, vol. 6, second series, p. 83,) remarks, that "Hooker refers *A. Filix Mas* Pursh, to *A. Goldianum*, Hook and Grew, whether correctly or not, I cannot decide." He very confidently, however, asserts that he "has seen the true *A. Filix Mas*, from New Foundland." This we may doubt, from the fact that he has given no details, nor refers to any herbarium by which it can be determined as to the correctness of his assumption. The old genus *Aspidium* has been so far reduced by recent eminent botanists, that not a single species, in all New England, at this time, retains the name: and notwithstanding the assumption of Prof. Kunze, it is equally doubtful whether we possess a true American *Aspidium*. Of the twenty species enumerated by Pursh, (*Flor. Amer.*, Sept., pp. 660-661, 1830,) and the same number, enumerated in exactly the same order, by Nuttall, (*Gen. North Amer. Plants*,

vol. 2, pp. 250, 1818,) every one but the *A. Cicutarium*, which was not seen by Prof. Kunze, from the U. States, are referred to the different genera of *Asplenium*, *Cystopteris*, *Woodsia*, *Dryopteris*, and *Palystichum*, by Prof. Gray, (*Man. Bot. North, U. S.*, pp. 625-632,) who in matters of this kind is considered the highest authority in the U. States.

3d. Under the head of *Juniperus Virginiana*, 413, and that of *Sabina*, 612, we have two articles for one plant. This is according to the testimony of all eminent botanists. Even Prof. Wood himself, says that they bear so close a resemblance to each other, that they can be certainly distinguished only by the difference of odors. Prof. Hooker, long ago, established the identity of the two plants. It is admitted, also, that their medicinal qualities bear a very close affinity.

2d. *Prunus Virginiana*, 576. Before the *Cerasus* was separated from *Prunus*, Linnæus gave this name to the choke cherry, a shrub possessing no medicinal properties whatever. Ehrhart was the first to characterize and distinguish the wild or black cherry, and named it *P. Serotina*. By some blunder of the older botanists, the two became confused, an accidental transposition of the specific names took place, by which one was called for the other, and this error has been adopted and is perpetuated, by all our Pharmacologists, who, although they in some cases acknowledge, and even point out the mistake, yet keep the false name floating at the mast head.

4th. *Serpentaria*, 657. In the times of the once celebrated Rafinesque, and indeed all the botanists of that time, Nuttall included in the number, there was a wonderful penchant for baptizing with a new name every plant that deviated in the slightest degree from its original type, either in the form of its leaf, in the color of its corolla, or in the number of its stamens, &c.

Hence Rafinesque (*Méd. Flor.*, p. 62) flourishes in pompous style about the two great families of plants of this kind, one of which he phrases "*Glossula*," and the other "*Pistolochia*." He then indicates, with a display of his learning, the types of several new genera, such as "*Siphisia*," "*Eudodeca*," "*Einomeia*," &c., leaving the species (from extreme modesty, we suppose) to the ambition of future investigators.

Now the simple fact is, that two innocent plants, *Aristolochia Serpentaria* and *A. Siphio*, have had to suffer martyrdom — have had their characters torn, defaced and despoiled, to gratify the inordinate ambition of these mere name-making old botanists.

And in the present instance it appears that our authors seem disposed to out-Rafinesque Rafinesque in the way of multiplying species from a single plant. Notwithstanding their great array of authorities — the great weight of the Academy of Natural Sciences of Philadelphia — the hand-writing of Muhlenberg — the Red River expeditions of Nuttall — the descriptions of Dr. Robert Bridges — the transactions of the Phila-

delphia College of Pharmacy — Carson's Illustrations of Medical Botany — and the numerous quotations from the American Journal of Pharmacy, the *A. Hirsuta*, *A. Hastata* and *A. Reticulata* of their work, are but different forms of *A. Serpentaria*. J. M. B.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, JANUARY 1, 1850.

A HAPPY NEW YEAR! friends, patrons, *readers*, all—for we hope our friends and patrons *do* read our pages, seeing that we always try to offer them something *worth* reading. Little dreamt we last New Year's day, that we should be filling (?) the editor's chair of this journal in this year of grace, one thousand eight hundred and fifty, and yet, here we are, after ups and downs uncounted, and wanderings far and near, and "hair breadth 'scapes by flood and field," fairly ensconced therein, only fearful lest its straggling "understandings" should part company beneath the burden of our ponderous person: (we actually weighed one hundred and twenty-seven pounds, avoirdupois, with our clothes on, last time we mounted the scales.) The change from the artificial, form-bound, yet happy life, and tortoise like speed, but still steady onward march of men and things in "ultima thule," to the art-less, form-free, social intercourse, and ever restless, bounding, go-a-head-itiveness, which marks the land of the setting sun, is scarcely greater than is the transition from talking and writing exclusively modern Gothic, to inditing "copy" in our mother tongue. Albeit not unused to "quill-driving," we are nevertheless not so much at home in our vocation, as we could wish, simply because we are so over-whelmed with multifarious cares distracting our attention, that when we mount the editorial tripod, and the "devil" cries importunately in our ear, "more copy for the Journal!" we grow dizzy with excitement, and beat our brains in search of ideas, summon spirits from the vasty deep, (alas! they won't come,) fidget, fret, and fume, wishing that the too solid, solid flesh of the tormenting imp would melt, and he vanish into thin air, instead of playing the Socrates, taking our troubles coolly, and proceeding to the performance of our duties editorial, and the exercise of our rights and privileges critical, with the air of a martyred philosopher. But the period of incubation cannot last forever; (how long does it take to hatch an editor—can any of our friends "larned" in ornithology inform us?) and when we *do* emerge from the shell, it will be "armed and equipped as the law directs"—not the law of the land, but the law of "Old Physic." Hurrah! "Old Physic," there are two magic words for you, to shout for, to swear by, to love and hate for, to fight, to write for, to live for, aye, if needs be, to die

for! "Sum ex iis, qui miror antiquos." We love the old for the good they have done in their generation, they taught us most of what we know; we reverence the memories of the builders up of "Old Physic," we abhor the rabble rout of rampant, soi-disant reformers; we simply despise the more insinuating claimants to catholicism in medicine, modestly calling themselves the only true physicians. Such pretenders always remind us of their cousins-german, the inhabitants of Penitentiaries and prisons; if you were to believe the stories of these criminals, the morality taught in our churches—the morality of Christ and the Bible—is all wrong, a mistake, a humbug; such ideas are childish—innocent—green—and Houses of Correction are so called, because such fantastic notions of propriety are there corrected. According to them, true morality consist in robbing your neighbor, seducing his daughter, shooting her brother, and then setting fire to the house; and this is precisely the morality taught by these charlatans, these eclectic, botanic, homœopathic—et sic porro—vampyres, who suck the very heart's blood of their victims slumbering in happy ignorance, fanned by the wings of flattery and falsehood, or waking to recognise too late the ghouls who robbed them of Heaven's best blessing, health; and yet the rabble multitude of quacks would make the world believe that they alone possess the true secret of the art of healing. Strange that *we* should be so blind to our own interest—not to mention such trifles as the interests of humanity—as not to take advantage of their discoveries, *if real*, as not to embrace their doctrines, *if true*, when we so notoriously hasten to adopt each hint, each new invention or discovery that accident or science, the unlettered peasant, or spectacled old nurse, the traveler or the artisan afford us, if it can but be employed to good purpose in our vocation. We do not refuse the boon because the giver is not one of us, unpractised in big words and scant of sounding terms, we receive it thankfully and employ it with judgement and consideration, with a prudent boldness, in a word, *legitimately*, as becomes "Old Physic." Why, it is our avocation, our pleasure and our profit, our profession and our duty, the end and object of our labours, to examine, try, apply to the good work of healing the sick, not merely all the means employed by any of the false prophets medical of the day, which are entitled to any consideration, but a host of others, which either they wot not of, or know not how to employ, or are deterred by false views from prescribing. Why do we "tame our youth to philosophie, cares, and grow still paler by the midnight lamp"—why wade through ponderous tomes to learn the lore of the fathers of our calling—why encounter the horrors of the dissecting room that we may learn something of the machine we have to repair and keep in order, or brave the dangers of the pest-house that we may put our knowledge to the test, if the wisdom acquired at the expense of so much toil and unselfish devotion is of no account—availeth not—is a mere work of supererogation? Does any body think we are so *very* verdant? Who are

the physicians of the historical period alone? What is their position, intellectual—moral—social—not here alone, but in all civilized, aye, even in most uncivilized countries? Three thousand years ago the Grecian army tendered the wounded Machæon their sympathies. The great philosopher Plato, whose character and works have been the admiration of every age and country, so praises the physicians of his time, just twenty three hundred years ago, that we hesitate to transcribe his words, lest we be thought too vain of our honored profession; we will only ask if an art and a science well nigh coeval with the race of man, that from the wide range of human observation, has absorbed into itself every discovery that could by possibility be made subservient to the alleviation of human sufferings, is to be compared, to be named in the same day with those will-o'-the-whisp phantoms that haunt the grave-yards of discarded theories—mishapen monsters, begotten by false fact on falser theory? The one an ever-green tree, whose branches over-shadow the earth; the other wretched parasites clinging for life to its bark; this noble and good, those base and wicked—the one true, the other false—the one enduring, the other ephemeral.

But to return to our position: it has often struck us, that the bibliographical notices of works, now so much the fashion in medical journals, are, after all, but mere systematic puffing; at best suited to new editions of classic authors, or to works of little note or value; we are sure that the readers of *our* journal are not content with such meagre critical diet; they want to know enough of the subject of the book reviewed, as well as of the manner in which that subject is handled, to enable them to decide whether or no it is worth their while to devote a portion of their hard-earned gains to the purchase of the work, of their still more valuable time to its perusal. To meet this want, we shall endeavor to give analytic and critical reviews of all works deserving or demanding such treatment, which may come under our notice; we take the initial step in this very number. We shall criticise in no captious spirit, with no ill will to any one—reproving more in sorrow than in anger, far more pleased to praise than blame; “truth before all things,” shall be our motto. “Nuf ced,” we shall do our best in our calling, which is not to write, but to edit a journal; to others, to the profession, to the physicians of Ohio in particular, we confidently look for aid; we **boldly beg** their contributions. Forward them, friends!—cases, remarks, opinions, essays, lucubrations, scraps from your note-books, familiar letters, erudite episties, send them on! the smallest trifles thankfully received, even if only a new subscriber's name and super—we mean *subscription*. To former contributors to the Journal, greeting cordially we say, “allow us to take the liberty of dunning such tried friends for more of the same sort; we are by no means surfeited, nor are our readers; you have given an inch let us have the ell.” Up! ye dwellers in the Great West, up and be doing! gird up your loins, and show the world

what manner of men ye be! *We* know, *we* give "honor to whom honor is due," (bye the bye, thanks, brother of the "the Southern" for reprinting that hurried effusion of ours, we take it as a good omen,) but the world does *not* know. The "hoi polloi" look upon a country doctor as they do upon a tax-gatherer, a sort of necessary evil, a "kinder" state servant, to whose labour every body has a prescriptive right, whom they may call hither and thither, in season and out of season, get all the good they can out of, and then repay with monkey's allowance—more kicks than halfpence. Were any other class used as we are, they would strike for higher wages, *we*—grin and abide it; the moral of which is—"send on those manuscripts." And now to be serious; we have been called at short notice to fill—no! our modesty forbids us to say that—to take the place of him, who on the last occasion greeted the readers of this journal with "a happy new year!" To him it was indeed a happy one; arrived at the summit of any reasonable ambition, it saw him shuffle off this mortal coil, get pretty well out of the scrape of being alive and suffering, and go to the home of good men made perfect in Heaven. 'Tis our loss that we never knew him in the flesh, but his spirit is become our familiar; we sit in his study inditing these lines, his handiworks, his household gods are around us, we read the very books he read, and note his annotations, we eat off the same table, each meal graced by the presence of one who was the light of his eyes, the stay of his affairs, the centre of all his enterprises, the clinging dependant, yet the strong supporter, the comforter, and the soul's living home of him who is at rest. "*Ossa bene quiescant; sit tibi terra levis.*"

With no little diffidence have we assumed the duties, editorial and professional, erst so ably performed by John Butterfield; our appointment was as unexpected as it was unsought; and we devoutly pray that the mantle which has fallen on our shoulders, may sit not ungracefully upon us. We love our profession with a whole soul; we come of a race of physicians, and sucked in a desire to follow the family calling with our mother's milk, and to this strong attachment to the God-like art of healing, we look for strength to support us in our labours. We have a passion for the legitimate investigation of truth; we love to see the collision of the stubborn flint of fact, with the glittering steel of theory, striking out bright sparks, wherewith to light the torch of science; we are quite independent of all cliques and parties, we can differ with a man without quarrelling with him, and while we grant unto all others the fullest right to the formation and expression of their opinions, we demand the same privilege ourselves; for we cannot understand how any one can dare to claim freedom for his own intellect and conscience, and deny it to his fellow man.

Thus having "defined our position," and made our bow to the profession, too happy to have broken the ice and got through the formalities of introduction, we rub our hands with glee as we inwardly ejacu-

late, "there, thank Heaven that's over!" and proceed to a confabulation with the company (of subscribers) in which we shall enjoy the inestimable privilege of—having all the the talk to ourselves.

CUTANEOUS DISEASE CAUSED BY A PECULIAR PARASITIC INSECT.—(We translate the following abstract from the Danish Journal, *Ugeskrift for Læger*; it was first published in the *Jenaische Annalen fuer Physiologie und Medicin*, by Dr. Jahn, of Meiningen.) A disease which has been observed to attack human beings, especially children, about the time when gooseberries ripen, has been called the "gooseberry disease." Those who pluck the fruit, or remain even but a short time in the neighborhood of the bushes, are seized with an indescribable itching, followed by the appearance of an eruption. The itching is most intolerable on the legs, especially about the joints, and those suffer most whose skin is most delicately organized. Children suffer so much that sleep is altogether prevented, they abrade the skin by scratching, and suffer considerably from consensual fever. The eruption which follows the itching, takes different forms; is most frequently papular, not seldom vesicular or pustular; erythematous patches or ulcers also make their appearance. When the skin is very coarse, the eruption sometimes does not appear.

If the sufferers refrained from visits to the gooseberry bushes, the symptoms disappeared of themselves, but if they did not, it continued an indefinite time. It was at first supposed that it was caused by the acid qualities of the gooseberries, but at last it was found that people were attacked who never tasted them, but only remained some time in the neighborhood of the bushes. In the case of a young woman, who suffered severely, the legs were covered with a number of papulæ, pustules of an impetiginous character, and sores of a tolerably healthy appearance. On a minute examination in a strong light, close by the edges of the sores might be seen a number of yellow points, partly arranged in lines like a string of beads, partly in groups. On examining these points with a microscope, they were found to be mites of a peculiar species, the *Leptus Autumnalis*, of an orange yellow colour, with sucker and piercer, antennæ, six feet, and described by naturalists as burrowing the fore part of the body under the skin of human beings and animals, occasioning thereby excessive itching. After this discovery, Jahn found the same insect on all those who suffered from the disease, as well as on the gooseberry bushes and other plants, thus leaving no doubt of the real origin of the affection. The parasite always chooses the apertures of the cutaneous glands, as the favorite place of its abode, evidently because the epidermis is thinner in such places, and easier to wound.

A mite very nearly resembling the *Leptus autumnalis*, but of a scarlet colour, is found on caged birds, especially canaries, and causes their emaciation and disease.

We have not translated the above only for its curiosity, but also as an interesting example of how the *form* of a disease, in this case cutaneous may vary in different individuals, the *cause* being the same in all. Here the cause is the presence of a parasitic insect burrowing in the skin; the effect is modified by the number of parasites, the length of time they remain as remain as sources of irritation, and the more or less delicate organization of the skin, and irritability of the system; as products of these different circumstances, we have: mere itching with minute papulæ, then vesicles, then impetigenous pustules, then ulcers; sometimes erythematous patches, and varying amounts of constitutional disturbance: the case is instructive.

POLYPHARMACY.—In looking over a late number of the London Lancet, we stumbled on a case of suppression of urine, in which the following treatment was adopted: venesection—to drink freely of linseed tea—have a warm bath—mustard poultices to the feet; to take—Chloride of mercury eight grains; powdered cantharides one grain; croton oil four drops; extract of hyoscyamus 4 grains: mix for 4 pills, one to be taken every four hours. Sesqui-carbonate of soda, a drachm; nitrate of potass, a drachm; spirit of juniper, two drachms; tincture of squills, a drachm; tincture of cantharides, a drachm; camphor mixture, five ounces and a half: two table-spoonfuls every four hours. Oil of turpentine, half an ounce; compound tincture of camphor, half an ounce; soap liniment, half an ounce; mix for an embrocation, to be well rubbed over the loins every hour, followed in nine hours by a large blister. Pretty well this, for nine hours' work; *polypharmacy*, with a vengeance! Such treatment appears to us as something like striking as many blows in the dark, as you dare, in the hope that some may hit the unseen enemy on the head. Seriously, what kind of experience with regard to the therapeutic actions of remedies, can possibly be gained by the employment of such a farrago of physic? When will physicians learn that the most scientific prescriptions are generally the most simple?

COMPARATIVE MORTALITY.—The Medical Times states that the annual mortality of England in 1700 was about 1 to 25. About the middle of the last century it increased to 1 in 20. In 1801 it was 1 35; in 1811 1 in 38; and is now one 1 in 45; so that about in 80 years, the chances of existence are exactly doubled in London. In Rome the annual deaths are now as 1 in 25; at Amsterdam as 1 in 24; at Vienna as 1 in 22. The inhabitant of London, therefore, has twice as good a chance of living as the burgher of Vienna.

“WANTED, a few active Homœopathic whips, to drive the new stages disease, lately invented by the Homœopathic General Committee.—*Bun-kumville Chronicle*.”

QUARTERLY HOMŒOPATHIC JOURNAL—HOMŒOPATHIC PRACTITIONERS.—(*Boston Med. and Sur. Journal.*)—The fourth number of this periodical, under the editorial care of Drs. Birnstill and De Gersdolf, from the press of Mr. Otis Clapp, School street, Boston, abounds in papers which physicians will generally read, if placed within their reach, whether they believe them or not. There are some, however, who actually fly into a passion at the bare mention of the word homœopathy. They denounce alike those who practise upon that system, and those who pretend to read a line upon the subject. Many have been the wordy cudgellings we have received from such, because we dared to notice a single movement in the family of homœopathists. It so happens that it is impossible to please every body in the matter of conducting a periodical. If there are some who feel themselves insulted by a reference to the antagonistic school, the infinitesimals, there are scores on the subscription list who would be indignant were it supposed that no allusions were admissible in regard to the progress, increase of numbers, and literature of this school. These belong to the modern history of medicine; and can it be possible that any one is so short sighted as to suppose that the influence of homœopathists is to be curtailed among the people by simply abstaining from mentioning their existence? Are editors of journals, pledged to collect and transmit that kind of intelligence which concerns medical men, to be called to account for doing that which they have stipulated to do? We have sad examples of the results of coercion and intolerance, among theologians, in their endeavors to maintain a standard of faith. Therefore let us make the best of a bad case, and not abuse nor villify, or abandon the field in disgust or a rage, because all mankind do not choose to give or to take jalap and calomel in large doses.

On many former occasions, we have unflinchingly declared our disbelief in the propositions of Hahnemann. We have no confidence whatever in homœopathy. Doing nothing and taking homœopathic dilutions are, to us, one and the same thing. We again reiterate the opinion, that homœopathy has accomplished nothing in limiting the extension or subduing the violence of disease. Yet in Europe and America there are men of fine powers and cultivated intellects, having pursued the regular studies and received their degrees, who sincerely believe that it has triumphantly done both. Shall they be abandoned as acquaintances, friends and neighbors, on that account? No, we can cherish our own views without interfering with their social relations; read their manuals without being disgraced; disprove their reasoning and explain their wonderful cures without passion or prejudice; and take their sugar pellicles, too—with impunity. What is to be gained, then, for morality or for science, by a perpetual show of hostility towards gentlemen whose convictions are different from our own, in relation to the theory of disease and the methods of curing them.

Yet we do not forget that the maintenance and defence of the regular system of medical practice, which has on its side the accumulated experience of ages, and comprises in its ranks the great body of learned and scientific practitioners of this and other countries, is the primary object of this Journal; and no claim upon us can be maintained or allowed, from those who abjure this system, for anything more in our pages than common courtesy. This we shall try to exhibit, even while we combat their errors. Nor do we consider that, as journalists, we either countenance or aid the doctrines of homœopaths, or give any just cause of offence to their opponents, by such notices respecting them, from time to time, as in our opinion shall be of general interest.

[To the above we most heartily say, Amen! We look upon the generally prevailing ignorance of the present condition of homœopathy, as a professional crime of omission, to which may be attributed much of the apparently flourishing state of that heresy. Even the most insignificant enemy may do a vast amount of injury to the opponent who knows nothing of his positions or tactics.

It is a startling fact that no inconsiderable number of our distinguished allopathic practitioners and professors in European schools of renown, have *avowedly* embraced homœopathy. A knowledge of this circumstance naturally suggests the idea, "is it possible there may be more in it than we think, after all?" No! when we look into the matter, we find that between the pseudo-science that sprang from the brain of Hahnemann—Minerva-like, full-formed, armed cap-a-pie, prepared to conquer all the realm of medicine—and the homœopathy professed by the apostates, there is a Heaven-wide difference. Hahnemannism is entirely thrown overboard by this new sect of mis-called homœopathists, whose *practice* differs very little indeed, from that of most discreet physicians of the old school; they only adopt a different *theoretical explanation* of the *modus operandi* of some medicines, confessing that such explanation can by no means be given of the action of a great number of remedial agents, which they employ on the same empirical grounds that we do. The Hahnemannites proper, again, out-Herod Herod in their practice, and not content with the transcendentalism of their master, absolutely carry their dilutions to the fifteen-hundredth and two-thousandth—Hahnemann was content with the thirtieth. These must be looked upon as simply monomaniacs, well-meaning individuals, who either from inherited defects of organization or faulty education, lack the power of just observation and logical deduction; 'tis only to be regretted that they had not chosen a walk of life where their excentricity would at least have been harmless. The gambols of a lamb (poor innocent!) could hardly be permitted in a crockery shop: the friskings of a true Hahnemannite at the sick bed-side, involve something more serious than cups and saucers. In religion, both they and those who put their trust in them, affect either Unitarianism or Swedenborgianism, mostly the latter—*verbum sat*. There is still a third party of practitioners calling themselves homœopathists in number far exceeding the other two, who have merely adopted the name to deceive the public; who, ignorant of *all* systems of medicine, follow *none*; whose theory is—"man is a gullible animal;" whose practice is a lie; whose daily labor is unmitigated scoundrelism. Such are the three species of the genus homœopathy, each one embracing several varieties, of which more at another time.]

STARLING MEDICAL COLLEGE—DR. HOWARD'S ADDRESS.—(The Boston Journal has anticipated us in the following notice of our colleague's in-

introductory lecture, hence we content ourselves with reprinting it, with our endorsement.)

"Dr. Howard, of the Chair of Surgery, in the above College, whose name has often been mentioned with respect, gave an introductory address at the opening of the autumnal lectures, which has since been published. Having discoursed upon professional character, touched upon the early history of medicine, and adverted to the establishment of medical schools at Rhodes, Cnidos and Cos, he comes to matters and things of recent times. We refer particularly to the boldness with which he cuts in, right and left, upon those pretenders to medical knowledge, whose ignorance is an abomination in an age distinguished for intelligence and scientific progression. Dr. Howard does not spare his own brotherhood: he intimates that nothing but disgrace and the world's contempt must necessarily follow such bickerings, jealousies and quarrels, as often disturb both individuals and institutions. That dogmatical determination which many prominent men exhibit, of carrying their point at all hazards, right or wrong, is commented upon judiciously. All cannot be right, neither can every one be wrong who disagrees with his neighbor, either in the theory or practice of medicine. The mere empiric is quickly disposed of; but obstinate defenders of unexplained ideas, and intangible suggestions from dog-in-the-manger physicians, are regarded with feelings of contempt. Page after page, one luminous thought after another comes into view, of practical value, since it is by grouping all these together, that the young physician understands how to begin with the mixed condition of the society in which he finds a theatre for action. A closing paragraph is devoted to the memory of the late Dr. Butterfield, one of the faculty of the institution, and is creditable to the heart of Dr. Howard, as it is gratifying to the friends of that excellent man."

MEDICAL SCHOOLS AND THE AMERICAN MEDICAL ASSOCIATION.—(The following article from the November number of the Buffalo Journal, we think merits serious attention, and therefore unhesitatingly reproduce it):—"In connection with some remarks under this caption, in a former number of the present volume of this Journal, we referred to some resolutions prepared by a member of the Association, from this city, Dr. Jas. P. White, the publication of which was then deferred until the next number, for want of space. The resolutions were furnished by Dr. White, at our request, but were accidentally mislaid, and not recovered until a few days ago. This is our apology for not redeeming our promise until now.

"The provisions contained in the resolutions, appear to us highly appropriate and judicious. They were submitted to several members of the Association, at the last meeting, and received their unqualified commendation. We hear frequently, from some quarters, sweeping assertions respecting the corrupt practices of medical schools. Now if there be any foundation for such assertions, let the facts upon which they are based, be known. Justice to all parties demands this. To the medical profession it is due, in order that its patronage and influence shall re-

ceive a right direction- To the friends of medical education it is obviously due, whether in, or out of the medical profession. Exposure is certainly deserved by institutions to which such charges and insinuations will apply, if they are applicable to any, and it is eminently an act of justice to institutions meriting respect and consideration, that they should not be embraced in that indiscriminate censure and suspicion, which too often enter into declamations respecting medical reform, etc. The reasons for the resolutions, lucidly and succinctly set forth in the preamble, do not require amplification, and must commend themselves to the judgement of the candid reader.

"We append a note by Dr. White, enclosing a copy of the resolutions:—

"DR. FLINT,

Dear Sir:—The following preamble and resolutions were prepared with the intention of submitting them for consideration at the last meeting of the American Medical Association.

"The unusual amount of miscellaneous business protracting the session much beyond the ordinary period, prevented me from submitting them at the time.

"Being of opinion that something of the kind is demanded for the mutual protection of the profession, and the schools, and purposing to lay them before the Association at some subsequent meeting, I shall feel obliged to you for their insertion in the Journal, that the different members may bestow upon the subject such reflection as it deserves, and be prepared to make such suggestions as will conduce to the interest of all parties.

Yours truly,

JAMES P. WHITE.

"*Whereas*, charges and insinuations are frequently made imputing to medical institutions, venal conduct in selling degrees, or conferring them upon imperfect evidence of qualifications, and various other unworthy acts;

"And *whereas*, such charges, if true, imply gross abuse of the corporate powers vested in collegiate institutions; are calculated to affect most seriously the cause of medical education, and are highly prejudicial to the character and interests of the medical profession;

"And *whereas*, such charges and insinuations are usually applied to medical institutions, collectively, without discrimination or specifications, thus inflicting injustice, and bringing unmerited censure upon the colleges whose course is upright and honorable;

"And *whereas*, malversations of medical schools are legitimate subjects for inquiry and investigation by the American Medical Association, with a view to such action as shall appear to be necessary for their correction, and at the same time to protect institutions deserving confidence and support;

"And *whereas*, no committee at present exists to take cognizance of any abuses, although responsible individuals, actuated by praise-worthy motives, should desire to communicate knowledge of them;

"Therefore *resolved*, that a committee of seven members of the Association, not connected with the medical schools, be appointed by the president, to receive any specific charges of dereliction of duty, and propriety, by medical institutions; and whose duty it shall be to investigate these charges, and to report all the important facts and circumstances therewith connected; and such actions as they shall recommend, at the next meeting of this Association.

"*Resolved*, that it is hereby enjoined as a duty incumbent on every member of the Association, to communicate to this committee any information having important bearings upon the objects for which the committee is created. And any member of this committee is fully authorized to call upon any member of the Association, for any such information in his possession.

"*Resolved*, that it shall be considered improper, and a violation of medical ethics, for members of the Association, to make or repeat charges against the character of chartered medical institutions, while they do not give them specific form, and report them for the action of the committee hereby constituted."

FREE MEDICAL SCHOOLS.—Dr. N. S. Davis, Professor of Physiology and Pathology in Rush Medical College, Chicago, whilom editor of the New York Annalist, original proposer of the American Medical Association, &c., &c., &c., has, in an address on "Free Medical Schools," insisted very much on "the inordinate expenses" attending medical education on the present system, and proposes to do away with fees to lecturers, and make medical instruction literally "cheap as dirt." The editor of the Western Lancet has so ably dissected this scheme, and exposed the miserable rottenness and corruption at its core, that did our space permit, we would reprint the whole article. We freely endorse the sentiments of the writer on this subject; and expect the next proposition of Prof. Davis will be in addition to a gratis education, to give the students oyster suppers on Wednesdays and Saturdays, and turkey and venison dinners on Tuesdays and Fridays, for surely it will never do to let the poor fellows starve on coffee and "chicken-fixins." "*Mens sana in corpore sano*" used to be the motto in our school-boy days; to attend six lectures a day is mighty hard work *we* think, and few minds will be able to labor that much *profitably*, unless the powers physical be sufficiently sustained; and what's the use of all the learning in the world without health and strength, we should like to know? If any thing is to be *given* away, true benevolence would *first* see that the objects of her bounty, lacked nothing in the way of "creature-comforts," and *these* abundantly sup-

plied, the intellectual wants might next be cared for. The Chicago system reverses this order, and offers the hungry shivering student, a free lecture on the physiology of digestion, saying "eat and be filled," or a ditto upon animal heat, as a substitute for woolen stockings and overcoat. The plan is new, but immoral; hence 'twill so necessarily be frowned down in this age of regenerate piety and almost universal charity—so universal that even medical schools are becoming tinctured with it—that we have small doubts as to the result.

STARLING MEDICAL COLLEGE—FACULTY SUPPER.—The annual supper given by the Faculty of this school, came off on Christmas Eve, when the students and other invited guests to the number of 237 sat down to enjoy one of Winne's best suppers, in the great dining room of the Neil House. The room was handsomely decorated for the occasion, and three tables stretched along its whole length, each one groaning beneath the weight of good things with which they were crowded, and which of a surety, were not taken in homœopathic doses. The Hon. Sam'l Galloway presided, and after the more substantial fare had been duly discussed, introduced the company to the more ethereal and intellectual part of the repast, in his usual and well known happy manner. Toast after toast, speech after speech followed, with now and then a pause to take breath, (during which the choice band secured for the occasion discoursed eloquent music,) and the meeting broke up considerably past mid-night; never it appeared to us had Old Time used his wings to such purpose; the hours literally flew. The Chairman was supported on his right hand by the respected chief magistrate of the Commonwealth, Governor Ford, on his left by Benjamin Cushing, Esq., and a number of ladies graced the festive scene with their presence. We have not space to give any more particulars, but cannot let pass this opportunity of paying a just compliment to the speech of Mr. Mendenhall in reply to the toast—"the Students of the Starling Medical College;" it was worthy of him, of them, and of the College.

REAL DISCOVERER OF ETHERIZATION.—Dr. C. W. Long, of Jefferson, Jackson Co., Georgia, has, in a communication to the Southern Med. and Surg. Journal, urged his claim to have used Ether for the production of anesthesia during surgical operations, as early as the 30th March, 1842. The particulars of his discovery, certificates, &c., are given in the article, and in a note, the editor adds, "that the writer of this communication is a highly worthy member of the medical profession, exceedingly modest in his pretensions, and entitled to full credit for all he advances."

REMOVAL OF STAINS OF NITRATE OF SILVER.—Accident first led M. Marineng to the observation, which he has since repeatedly confirmed, that

the stains produced by nitrate of silver on linen, &c., may be readily removed by wetting the linen in a solution of bichloride of mercury, (1 part to 31,) rubbing it well, and then washing it in cold water.—*L'Union Medicale*, from *Buffalo Medical Journal*.

NASAL HÆMORRHAGE.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hæmorrhage is arrested. Dr. Samuel R. Smith, of Tompkinsville, Staten Island, N. Y.; communicates to the Boston Med. and Sur. Journal, a mode of treatment which he learned from an old shipmaster, and had found successful. The treatment consists simply in making pressure immediately at the root of the septum narium, when the hæmorrhage is immediately and permanently arrested.

CALOMEL IN ACUTE ARTICULAR RHEUMATISM.—Dr. Leclercq has published in *L'Union Medicale*, several cases of acute articular rheumatism, successfully treated by small doses of calomel. Dr. Law, of Dublin, had so early as 1836, pointed out the advantage of this practice; as Dr. Trousseau, of Paris, has likewise done, in his book on therapeutics; but these physicians used to combine quinine with the calomel, and Dr. Leclercq has obtained very good results by calomel alone. These were the different steps of the treatment:—1. Bleeding, if the subject be plethoric. 2. Calomel in divided doses—viz., one grain of calomel in about a drachm of white sugar, to be divided into twelve papers; one to be taken every hour. 3. An opiate at night. 4. Cooling drinks. 5. Poultices, sprinkled with laudanum, on the painful joints. This method has been found to counteract the cardiac complications as well as, if not better than any other. The lemon-juice treatment appears to be quite a favorite among English practitioners, and is said to have yielded excellent results.

CRYPTOGAMOUS GRIGIN OF CHOLERA.—The following are the conclusions arrived at by a committee of the London College of Physicians, appointed to examine this subject:

The "Cholera fungi" do not exist in the waters of a large number of the districts in which cholera prevails.

The "Cholera fungi" cannot, by the most careful examinations, be detected in the air of many rooms inhabited by cholera patients.

"Cholera fungi" are constantly to be found in the stools passed by patients laboring under other diseases than cholera.

"Cholera fungi" are occasionally to be found in healthy stools.

"The bodies which have been called 'different forms of the development of the cholera fungus,' are in quality the most dissimilar in their origin and chemical constitution."

DEATH FROM A DROP OF LAUDANUM. By H. V. WOOTEN, M. D.—A fine, healthy, female child, in the 5th day of its age, suffered from “gripping,” as its mother supposed, for which she administered to it *one drop* of laudanum. Thirty minutes afterwards, its breathing becoming slow and stertorous, I was sent for; but being absent; another physician saw it, who found it impossible to get the child to swallow any thing. External excitants, &c., were resorted to, and three hours after the laudanum was taken I saw it. Its pupils were dilated and insensible to light, breathing very laborious, each inspiration giving a loud, struggling sound, great lividity of complexion, etc. It would draw four inspirations, at the rate of 16 per minute, and then cease to inhale about 30 seconds, when the four inspirations would again be drawn. On the fourth inspiration, a general spasm of the extremities would seize it. Its pulse during the last two inspirations was about fifty to the minute, during the spasm and suspension of breathing it would run up to about 100, become very weak, and finally cease at the wrists about 6 second before the breathing was resumed.

This condition continued without material variation until the sixth hour, when on bathing it in hot water and brandy, followed by the application of plasters of cayenne to the feet and hands, it breathed continuously, but with great difficulty, at the rate of thirty inspirations per minute, for 20 minutes, and its pulse during this time ranged from 90 to a 100. Its pupils contracted a little, and the levity of complexion disappeared to a considerable extent. Hopes were now entertained that it had passed the crisis, and would recover; but spasms again seized it, from which it fell into a collapse, from which nothing that we could do would raise it. After this it would only draw 3 inspirations at the rate of 12 to the minute, when spasm would occur and the suspension of breathing would become longer. At the tenth hour it drew but two inspirations together, about 12 seconds apart, and then suspended for nearly a minute. For 3 hours I thought during every suspension of breathing, that it was dead, as its pulse would cease at the wrists before breathing was resumed; but it continued to labor for breath in this way until the end of the 11th hour, when it died.

The laudanum was dropped from an ounce vial, in which there was but about 10 drops. It had been stopped with a piece of twisted paper, and hanging up about a year; all the inner surface of the lower part of the vial was encrusted with opium; and the remaining laudanum was heavily charged with this deposit resulting from evaporation. Every means of keeping the child alive, which our ingenuity could suggest were diligently applied, and with apparent effect, but no success.

This case is one which rarely occurs, and I report it mainly on that account; yet it is not otherwise destitute of interest. The stomach pump was not used, because I had no tube of suitable size, and besides I was satisfied that it was too late to resort to measures of that kind when I saw it.—*South. Med. and Sur. Jour.*

EDITORIAL CHANGES.—Professor EVE has retired from the management of the Southern Medical and Surgical Journal, which he has for five years conducted so ably. The regret which is always felt when a good man and true, retires from the ranks of the corps editorial, is on this occasion rendered more than usually keen by the announcement, that retirement is rendered necessary by continued and most severe family affliction. With a fellow-feeling we tender—personally unknown—respectfully our warmest sympathy to the retiring editor, and offer the hand of welcome to his successor, Dr. J. P. Garvin. Dr. G. was associated with Prof. Eve, as co-editor, a year or two ago.

OBITUARY.

The whole profession, both in this country and abroad, will learn with sorrow, the death of AMARIAH BRIGHAM, M. B., Superintendent of the New York Lunatic Asylum, responsible editor of the Journal of Insanity, author of a small volume on Asiatic Cholera, one on Mental Cultivation and Excitement, one on the influence of religion upon the health and physical welfare of mankind, one on the brain embracing its anatomy, physiology and pathology, and last and appropriate gift "to all those who are or have been in my charge as patients," "the Asylum Souvenir, affectionately dedicated to them by their true friend and physician." Dr. Brigham was born at New Marlborough, Berkshire Co., Massachusetts, on the 26th Dec., 1798, and died at the Utica Asylum, of dysentery, on the 8th Sept., 1849.

At Onondaga Hollow, N., Dr. Joseph W. Brewster, a lineal descendant of Elder Brewster of the Mayflower, æt. 86.

At the Emigrants' Hospital, Ward's Island, N. Y., on the 23th Dec., last, William D. Urquhart, M. D., one of the Medical Staff of that institution. The deceased was a native of Aberdeen, Scotland, a devoted student, a faithful physician, and an upright man. He attended lectures at the Willoughby School, in 1846, and his loss will be mourned by a large circle of friends and acquaintances in Ohio.

Third week in October last, at his residence, in Woodstock, Vermont, Joseph Gallup, M. D., in the 81st year of his age, favorably known by his history of epidemics in Vermont, and other valuable contributions to medical literature.

In New York, on the 20th Nov., last, D. S. Meikleham, M. D., who for some time edited the "New York Medical Intelligencer," well known as a profound scholar.

On the 13th of August last, John E. McNairy, M. D., Superintendent of the Tennessee State Lunatic Assylum, at the early age of thirty-one years.

At New Boston, on the 12th of October, Dr. E. Moore, of hemorrhage from the bowels.

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PART FIRST.

ORIGINAL COMMUNICATOINS.

ART. I.—*Sketch of the Medical Topography of the Capital of Sweden and its Environs.* By the EDITOR.

Researches into the effects of climate and mode of life, on disease and on the action of remedies, are among the most interesting of the legitimate objects of medical investigation; for not only is a knowledge of such effects a positive gain to medicine as a science, it is a still greater gain to medicine as an art; it sometimes explains why a treatment successfully employed by the physicians of one country, fails in equally skilful hands in another; it causes a just value to be placed upon observations often derided, or looked upon with incredulous eye, because forsooth! the experience of others under one set of circumstances, tallies not with ours under another. The study of medical topography would soon disperse the clouds which hide from our view the origin of many diseases, and would thereby enable us to remove a large number of causes of suffering now in active operation. Who could have imagined the frightful amount of disease and death produced by living in basements and cellars, and by the disgusting custom of burying the dead within the precincts of cities and towns, and in vaults under places of worship, &c., until those disclosures were made which so recently shocked all England? And yet all that has been done in these matters is scarcely worthy the title of a beginning.

In attempting a very slight sketch of the medical topography of Stockholm and the surrounding country, we hope to present our readers with some interesting if not very instructive facts; suggestive, if nothing else.

Stockholm, located nearly in the centre of the province of the same name, is in latitude north $59^{\circ}, 20'', 3'''$, was enlarged and made the capital of the kingdom by Birger Jarl, in the year 1250. The area of the province is about 2780 square miles of which a very considerable part is occupied by creeks, bays and inlets of the Mälar lake, and the Baltic sea, which form the natural boundaries of three fourths of the province, and are dotted with innumerable isles, islets and low reefs, with here and there cliffs of a respectable height; though by far the greater part of the surface, never reaches the elevation of 300 feet above the level of the ocean. The islands, like most of the high grounds of the whole Scandinavian peninsula, are of primitive character, for the most part intermediate betwixt granite and gneiss, or a heterogenous mixture of both, and are thickly overgrown with spruce and Scotch firs, birch and mountain ash, with a profusion of juniper, barberry, cranberry, bilberry, wild strawberry and raspberry, not to mention mosses and lichens. Wood, rock and water, marshy bottom lands and extensive ridges of sand and gravel, in a sort of picturesque kaleidoscopic jumble, form the characteristic features of the landscape. The soil is varied in its character as the landscape, but is on the whole productive for Sweden; clay largely preponderates in its composition. The main employment of the country people is agriculture, with fishing on the extensive coast; iron is mined in the north and south-east of the province and there are many large quarries of limestone worked, though the nearest is many miles from the capital.

The inhabitants differ more among themselves, in race, habits, manners, mode and condition of life, than in any other part of Sweden, and this because so many of them are not natives, but gathered from all parts of the country, and because the farms are mostly very large, the land being owned by a few rich proprietors, employing hired farm servants, who are constantly on the move in hopes of bettering their condition. As a general rule, the farther from the capital, the better off do we find the people, and the more moral and industrious. The province raises more bread corn, legumes and potatoes, than it consumes, but does not altogether supply its own demands for cattle.

At the census of 1840, the city of Stockholm contained 84,161 inhabitants, and the province 105,573 besides, making a total of 189,734. The city is about three and one-third miles in length, and somewhat less in breadth, being thirteen and one-third miles in circumference. It stands on seven islands, and the opposite banks of the main land, just at the point where the lake Mälar joins an estuary of the Baltic, by means

of gentle rapids. In the oldest part of the city, built on one of the largest islands, the streets are mostly very narrow, and the houses lofty; much of the ground towards the lake is also made ground, which is the case with the eastern and western parts of the northern suburbs; most buildings on such grounds are necessarily built upon piles. In all such parts of the city the drainage is very defective, and they are the strong hold of typhous and malarious fevers. A habit of allowing all kinds of refuse animal and vegetable matter to accumulate in large wooden receptacles, placed in the very often confined backyards, only emptied when not only full, but running over, plays no inconsiderable part in the production of disease.

The proportion of poor is very large; in 1840, 4,345 households were in miserable circumstances, and every twenty-first individual an absolute pauper. Independent of private charity, which is exercised to a great extent, the enormous sum of \$200,000 is yearly devoted to the support of those in want, in the city of Stockholm alone. It should be observed, however, that a large proportion of this sum is made up of interest on separate donations and bequests, each confined in its benefits to some particular class, and each with a separate administration, absorbing a considerable amount of means which might otherwise be made available for benevolent purposes. Abuses have crept in, too, so that many receive pensions from several charities, the gross amount constituting quite a snug income.

The climate of this part of Sweden is milder than so high a latitude would lead one to suppose, probably in consequence of insular position, and slight elevation above the level of the sea; the mean temperature is 42° Fahr., but the extremes recede from each other by from 90 to 110°, and the changes are sometimes very sudden. About eighteen inches of rain fall yearly. The longest day is 18½ hours, the shortest 5 hours and 54 minutes.

The Swedes belong to the Teutonic branch of the Caucasian race, characterized by fair complexion, oval face, finely arched head and forehead, prominent nose, and a profusion of beard and long hair. They are strongly built, of large proportions, faithful, hospitable, polite and goodnatured, remarkable for their religious feelings, patriotism and love of independence; but are jealous of each other, fond of disputations and litigation, much given to strong drinks, and to admiration and imitation of everything foreign.

The public institutions for the care of the sick, which is mostly gratuitous, are the Garrison Hospital, with a daily average of 163 cases under treatment, the Civil, 247, and the Ve-

nereal, where about 1,100 cases are treated per annum; besides a smallpox house, two lying-in establishments, and a Foundling Hospital, having the care of an average of 1,012 children in the house, and 2,492 farmed out in the surrounding country. (With respect to this last, I would here mention the remarkable and encouraging fact, that the mortality among the young infants, was in two years reduced from 47 to 34 per cent., and has since been still further reduced by the hygienic measures introduced by its distinguished physician, Professor Berg.)

With the exception of the matter of strong drinks, the people are temperate, eating a lighter food and less of it, than in other countries. Fish and different kinds of vegetable aliment form the staple.

The mode of life of the great majority is remarkable, in that their houses are so arranged, that the temperature of the air in their dwelling rooms, which all open into one another, never varies more than 3 or 4° Fahr., night or day, for the whole period during which fires are necessary, and is the same in all the rooms; besides which, the stove by which this effect is mainly produced, is so peculiar, that it never overdries nor overheats the air. Add to this the general use of furs and a great quantity of outer clothing—when out of doors, over shoes or boots, lined with cloth or fur—and the perfect stillness of the air when the thermometer sinks from 25 to 50° below the freezing point, and we think it will not surprise when we declare that except when passively exposed, riding in an open sledge for example, we have never, during a residence of fourteen years, suffered from cold one tenth part of what we have done in England or Cincinnati.

The air is unusually dry, as is proved not merely by the effects on furniture, which is sadly given to splitting and cracking, although the temperature of the rooms is never allowed to rise higher than 60 or 62°, but by such facts as this, for example: the tires of English carriage wheels become quite loose in less than a year, from the shrinking of the wood, although nothing of the kind is observed if the carriage remains in England.

The main circumstances influencing health having now been given, have they any striking effects thereon, and if so, what are they? The first thing observed is an extraordinary sensitiveness to currents of air, and to any even very small changes of temperature. The very keyholes are stuffed with paper, which is also carefully pasted over every crack and crevice; by which the winds of heaven might possibly find entrance; and then, although the thermometrical changes out of doors

are so great, the Swede never feels them, for he goes abroad so muffled up in furs that he can scarcely walk, nay some of our friends used to pretend that a lining of thick wash leather to their overcoats, was the only thing that would effectually keep out the wind.

Another consequence of their mode of life is to produce a minimum of cutaneous activity; and next in order, and in a great measure as we believe, dependent upon the before mentioned sluggish performance of the cutaneous functions, is the tendency to venous congestion, shown in the very frequent occurrence of varicose veins and resulting ulcers on the legs, in the prevalence of piles, and that great class of venous congestive disorders, to which the Germans apply the term "*hæmorrhoidal*," including obstructions in the portal system, and consequent diseases.

Next to venous congestion, converse to it, in some measure caused by it, we remark a singular deficiency of arterial activity; this is shown in the greater slowness, compressibility, weakness, and irregularity of the pulse, which is very obvious on instituting a comparison between a new-comer and a native or one who has resided a length of time in the country, and a hard pulse is comparatively rare, even in disease—in the subacute character of inflammations in general—in the smaller value of depletion in inflammatory disease, and perhaps in the almost total absence of idiopathic aneurisms. No foreigner resides any length of time in Stockholm, and conforms to the habits of the place, without experiencing sooner or later, a remarkable diminution of vigour both of body and mind—of capacity for labor. This creeps on so slowly, that it is only by comparing oneself with oneself under other circumstances, or with a new-comer, or by finding that a few hours of intellectual employment begin to cause flushed face, headache, sinking at the pit of the stomach, feeling of great exhaustion, &c., that one remarks it in one's own case, though nothing is more common than to hear people remark of others, "*how stupid so-and-so is becoming*." Every one is struck on his arrival by the laziness, the slowness by which the laboring classes of the community perform every duty falling to their lot. From enquiries we made of cotton spinners and others employing machinery of English construction, by which the relative amount of labor can be ascertained, we find that the Swedish *city* workman, when not stimulated by some unusual cause to unusual exertion, performs exactly one half as much labor per day as the Englishman.

Dyspeptic disorders are rife, as might be expected; the increased sensibility and diminished functional activity of the

skin, being followed by, probably causing, pathologically and primitively, identical functional disturbances in the apparatus of primary digestion. A marked antagonism may be observed between dyspepsia and piles; as soon as a dyspeptic gets the piles, he generally loses his dyspepsia. The whole class of so-called bilious disorders are unknown. Intestinal worms are common; the inhabitants of Sweden are most plagued with the *Tænia Solium* or narrow tapeworm, those of Finland with the *Bothriocephalus Latus* or broad worm.

Gastralgia is very common, most frequently in connection with the hysterical diathesis, and almost always with spinal irritation, in a word what we might call localized hysteria, occasionally as a dyspeptic symptom, and more rarely as a neuralgia, or pure nervous affection. Well marked hysteria is rare, to what it is in some other countries; at all events, we never saw a single case of those hysterical paroxysms so very common, for example among the English women. Spinal irritation, however—by no means to be confounded, as it so often is, with hysteria—is common and obstinate.

Intermittent, remittent and continued fevers are very common and frequent in the order mentioned. With respect to the first, the most common disease of the country, and which few escape, it is frequently masked, frequently atypic, rarely pernicious, very obstinate, continually recurring on every fresh even slight exposure to cold and moist air, not often producing so much lesion of the spleen and liver as in warmer countries, and of late years merging in remittent and continued fevers of the typhoid character. Jaundice is some years common as a form of masked ague. In the year 1826, Sweden was visited by an extraordinary epidemic of ague and gastric fever with typhoid symptoms: from that date the typhoid has been continually encroaching on the inflammatory form of disease. Similar observations were made in that year, almost all over Germany, wherefore we may safely thence date the first marked tendency in disease to put on the asthenic character on the continent of Europe. Previous to this, gastric began to take the place of bilious fevers, which have become more and more rare.

True typhoid fever was first observed at Stockholm in 1837, and has since become almost the only form of continued fever observed there. This transition has been carefully observed, and it is most interesting to follow the gradual extinction of the pure inflammations, and of the inflammatory diathesis, and the superventions of typhoid symptoms, until the whole character of the *constitutio morborum stationara* has become almost unmixed typhoid. It is true that the cold weather stops for a

time the spread of typhoid fever and re-establishes in some measure the old reign of the phlegmasiæ among such as lead an out of door life, but so large a proportion of the population live all day and every day, in an artificial warm climate, that the former has always an abundantly extensive field in which to exercise its malign influence.

Infantile remittent is exceedingly common, in a very chronic form, and very successfully treated by strict diet, mild alteratives and purgatives and the external application of gentle revulsives as garlic, in form of ointment or plaster over the abdomen.

Epidemics of puerperal fever in all its forms are not uncommon, *always* commencing in, frequently by strict quarantine confined to the Lying in Hospital.

Erysipelas is very common, but very mild, rarely phlegmonous, prevails along with epidemics of puerperal fever.

Pneumonia, bronchitis, and catarrhal fever, are common in the Spring and Fall of the year; all forms of asthma are rare. True pseudo-membranous croup is not common; laryngismus stridulus some years very much so.

Dysentery is very common in the Autumn, not so severe or fatal in Stockholm, but very much so in the country.

Ergotism is common in wet seasons in some parts of the country, is not often seen in the neighborhood of the city, we have however seen two cases of dry gangrene, one of an upper, the other of a lower extremity, supposed to proceed from this cause, which were remitted from the country to the Civil Hospital. The dead parts separated spontaneously, black, dry and hard as ebony, and are to be seen in the museum at the Medico-chirurgical Institute.

In March, 1835, during very changeable weather, an epidemic of Eclamsia Neonatorum broke out in the Lying-in Hospital, and every child in whom the disease was once developed, died.

Scorbutic affections are common; scrophulous, not by any means so common as in some other countries, which we are inclined to attribute to the very trifling exposure to the depressing action of cold.

Skin diseases are comparatively rare and mild: Urticaria is often epidemic in Spring and Autumn. Psoriasis, eczema, lepra and lichen, are next common, the latter occasionally epidemic, and as every body knows, very apt to be mistaken for measles. Scabies is by no means rare, among the poorer classes; and it appeared to us that herpes preputialis was not infrequent; generally traceable to errors in diet.

While on the subject of skin, we may mention as a curiosity, that the *acarus folliculorum* has never to our knowledge been found in Sweden, although diligently sought for, by Retzius, Berg and other microscopists, as well as ourself.

Genuine gout is almost unknown except in the persons of foreigners or their immediate descendants; rheumatism is common enough in all its usual forms.

Gall stones are very common, and we have seen livers, almost the half of whose bulk was made up of concretionary deposits of nearly pure cholesterine, in the parenchyma of the organ. We have found that all the subjects of this disease, indulged in an exorbitant use of highly carbonaceous articles of diet, such as sugar or fat, either absolutely or relatively to their exposure to cold air, and the same observation has been made by others. Moreover such patients could ward off their usual attacks, either by abstaining from such food, or by sufficient exercise in cold air.

In 1834, Stockholm experienced a tremendous visitation of cholera. The epidemic reached its acme on the twenty-first day of its breaking out, and after a steady decline ceased in three weeks more. During the six weeks it continued, about 3,500 persons were officially reported as dying of the disease, but there is reason to believe the real number was considerably greater. In the city of Gottenburg, same year, every twelfth individual was cut off by the disease, and in the town of Jönköping every seventh.

With respect to peculiarities in the treatment of disease, and first the antiphlogistic, we will only remark that as might be expected from a consideration of the foregoing data, venesection and mercury are ill borne, antimony and counter-irritation better. As an additional proof of the correctness of our observation as regards deficient tone of the arterial system, we may bring forward the fact that in pneumonia, incipient syncope will be induced by the loss of 12, 14, or 16 ounces of blood, instead of 25 or 30 ounces, as is the rule in England. Nothing is more remarkable than the effects of a premature administration of even the mildest tonics in febrile diseases, particularly remittents unaccompanied by discoverable local lesions. A weak infusion of Valerian will in a few hours cause a dry tongue, and return of fever, and if persisted in, will precipitate the patient into a perfectly typhoid state; the bitter tonics being still more dangerous.

Peerfectly inexplicable in the present state of our knowledge, is the fact that as far as we have been able to discover, no one has ever yet discovered the slightest benefit from the administration of colchicum and but little from aconite, in

the cases where in other countries they are thought to be indicated. We have ourself pushed the first named to the farthest point justifiable, without producing any appreciable relief to the arthritic symptoms for which it was given. Has the absence of anything like a gouty diathesis, anything to do with the inertness of colchicum in Sweden? On the other hand *arnica* performs literally wonders as an alterative and a stimulant to the nervous system, and valerian is scarcely less valuable, especially for convalescents from fevers.

In the treatment of agues, it is laid down as an axiom that all irregular types, are first to be brought to a regular, before any attempt be made to interrupt the occurrence of the paroxysms by the use of so-called antiperiodics; and all experience proves its correctness, in the treatment of the mild uncomplicated forms of the disease. Sal-amoniac is the remedy generally employed for the purpose of "regulating the ague," as it is termed. It has been observed that agues cured by black pepper are far less liable to relapse, than agues cured by bark or its alcaloid, though the cure is more slowly performed. This is a very popular method of cure in Sweden, and a very ancient one. Geoffrey, author of the first French Pharmacopœia, who lived and labored in the latter part of the seventeenth century, recommends it; and gave from 10 to 16 pepper corns, moistened with mucilage, and rolled in powdered calamus, for a dose; he says from 100 to 150 were sufficient to cure a tertian, and from 300 to 400 a quartan. The Swedes use it in this way: 12 pepper-corns are to be taken whole three times a day, for three weeks, afterwards 12 every morning for an additional three weeks.

Very protracted cases, accompanied with parabsysma lienis vel hepatitis, are most successfully treated, and are rapidly cured by the bicarbonated alcalies, particularly potassa, in doses of xv. grs. twice or three times a day, combined with three or four of the precipitated golden sulphuret of antimony, followed by a strong bitter in the morning during convalescence. In desperate quartans, calomel to salivation, with rhubarb and salts has proved successful. It has been remarked that soldiers when convalescent from ague are apt to become cachectic when they return to their monotonous duties and exposed mode of life; and that people who are compelled to eat bark-bread, in consequence of a failure of the crops, do not get the ague. For the rest the greatest possible varieties are presented by different epidemics, both in type, severity, and complications.

In the treatment of syphilis, about two-thirds of all the cases that occur, are treated without mercury, by diet, local treat-

ment and confinement to bed. Certain cases including all true Hunterian chancres, and most relapses are treated by mild mercurials, diet and bed. We give some results from the annual official reports. Of 711 cases of genuine primitive sores $88\frac{1}{2}$ per cent. were cured by the so-called hunger-cure; $10\frac{1}{2}$ per cent. by mercury. The former required an average of 48 days for cure, the latter of 85. When mercury was generally used, the relapses were 48 per cent., now they are 6 per cent., and the disease has become and continues to grow milder and milder, although extremely common.

Erysipelas is commonly treated with lotions of diluted alcohol about proof, constantly applied, and by some practitioners mercurial ointment, in addition, with purgatives, and bark or other bitters, and occasionally feruginous tonics.

We have only to add, that these remarks have a special reference to a certain class of people of Stockholm and the surrounding country, though that class includes a very large majority. There are those who from their occupation, or more rarely from choice, are as much exposed to as great variations of temperature, in a word to all weathers, as people are in any other country, and who live in cool rooms, and eschew furs; these enjoy that robust health, which exposure to so bracing a climate might be expected to confer: these bear calomel and the lancet as well as any class of people on the face of the globe; inflammations with them are sometimes sthenic with a vengeance, and thus the physician is ever called upon to treat two very different varieties of disease, in two very different classes of persons, requiring as different modes of cure.

Before we lay down the pen, we would in conclusion, direct the attention of our readers to the singular fact, that a residence at Pau, at the foot of the Pyrennees, (the birth place of Bernadotte, late king of Sweden,) produces identical physiological effects, with those we have enumerated, the variations of temperature all the year round, being wonderfully small, but contrary to what is the case in Sweden, the air being remarkably humid. Hence we may safely conclude that exposure to continual moderate changes of temperature is necessary to a state of perfect health, and that whatever complaints economy and luxury may make, open fires are by far the best means of warming, when necessary, the rooms we spend most of our time in. As might be expected, nowhere does hydro-pathy perform such real wonders, as in "ultima thule," and the cold bath, shower, plunge, or sponge, every morning, goes a great way towards removing or preventing the deleterious effects of the mode of life we have described.

ART. II. *Case of Hemorrhoidal Tumours and Prolapsus Ani, Treated by Nitric Acid*, by B. S. BROWN, M. D., of Bellefontaine, Ohio.

In September 1843, I was called to visit Mrs. P., a married woman, aged about forty years; she was weak, nervous and emaciated, confined entirely to her bed, by the irritating and debilitating effects of large hemorrhoidal tumors and prolapsus ani—about six months previously, my advice had been asked in regard to her case, at which time I was told of the frequent prolapsus, and directed her *always* to reduce it whenever it came down, and recommended astringent applications, &c.,—I did not then examine the parts. When I visited her in Sept., she told me that she had not had a passage from the bowels for more than six months without all of the piles as she called them, coming down; but, that she had always put them up immediately—that they would frequently come down when she was walking about, and that it gave her a great deal of trouble to keep them up. For several weeks past they had been severely painful, and she had not been able to leave her bed, indeed to use her own words, they were “worrying her life out of her.” She wished me to attempt a permanent cure by an operation, and told me I *must* attempt it, even if the operation should kill her—for she would rather die in the attempt to be cured, than live in her present situation. I made an examination, for she could at will force down the whole mass. Altogether it was rather a frightful looking object; the whole was more than half the size of a man’s fist, the lower part of the rectum seemed to be everted all round, and much inflamed and swollen. Besides there were several large tumors growing from its surface, very vascular, and disposed to bleed upon slight abrasion. She assured me it had remained in this situation for many months; in addition to this she had been attacked with intermittent fever some days before, which increased her debility, and nervous irritability—I told her I thought best to break the ague first, and afterwards I would endeavor to relieve her distress by an operation. I prescribed quinine, morphine, wine, &c., which in a few days arrested the intermittent; I then determined to operate and fixed the day.

On the 25th September, having taken to my assistance my friend Dr. Lord, we visited the patient. When she had by straining, as before, forced down the mass, we found the parts much in the same condition as when I had previously seen them. From the number and size of the tumors, their great vascularity, and the inflamed condition of the surrounding parts, we feared the knife on account of the hazard of hemorrhage. The ligature or ligatures, (for they would have to be many,) we thought would produce so much pain and irritation as to be equally

inadmissible. We therefore concluded to try the nitric acid, as recommended by Dr. Houston, of Dublin, Ireland. We used the purest nitric acid we could obtain. The patient was laid on the side, in a bent position, with the hips close to the edge of the bed, so as to bring the parts as fully into view as possible.

We applied the acid by means of a piece of silk or cotton, rolled up tightly, so as to form a small mop, resembling a blunt camel's hair pencil. It was applied freely to all parts of the tumors that were exposed, and to many parts of the inflamed mucous membrane, care being taken not to use the acid so profusely, as to have it run on any part not intended to be touched. After the acid was allowed to remain three or four minutes, the whole of the parts were well smeared with soft lard, and carefully pressed back within the sphincter. An opiate was administered, and directions given to take opium every night for three nights, as well to prevent an evacuation from the bowels within that time, as to procure rest and allay irritation. She was directed to take a full dose of castor oil on the fourth morning, at a particular hour, so that I could visit her an hour after, when it would probably operate, as I still had some fears of bleeding when the sloughs should separate.

When I arrived, however, the medicine had already operated; and with the evacuation the sloughs had come away, and there was but little protrusion, and no hemorrhage; though the sloughs had considerably the appearance of clotted blood, filling the interstices of the cellular membrane.

As a small portion of the tumors were not destroyed I applied the acid again, in the same way and with the same directions; I indeed had to make a slight application the third time; but after that the cure appeared to be effectual and permanent. She had no pain and had the usual evacuation of the bowels without any thing coming down. More than a year has now elapsed, and she remains well in that particular.

From the results in this case I look upon this comparatively new method of treating such cases as a great accession to our art, as it seems to be entirely safe—is effectual—and attended with but little pain. In this case the patient declared that the pain was not more severe than she had a thousand times felt before, in these tender, irritable tumors when no application was affecting them. The strong nitric acid seems to destroy the life of the part it touches, so instantaneously that the pain is much less than might be supposed. Again, I have no doubt of its safety, as in this case there was no hemorrhage when the sloughs came away; and they left a clean, healthy looking surface, that healed over in a much shorter time than I could have imagined possible.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Case of Cerebral Irritation*. By EDWARD R. SQUIBB, M. D.,
Assistant Surgeon of the United States Navy.

"The attempt," says a distinguished author, "to analyze, distinguish and describe all the external appearances of disease, cannot fail to assist the clinical student and young practitioner, whilst it serves to recall to the mind of the experienced, those sources of evidence on which his judgments have been ever, though perhaps unconsciously, founded."

The following case having appeared to the writer to be quite anomalous, and having presented many difficulties in the way of clear diagnosis, is reported with a view to reproduce, in the form of an example, some information contributed to the profession in didactic form, principally by Drs. Gooch and Mashall Hall.

Another object in offering it is, that it may fortify some of the less experienced, against the difficulties with which it harrassed the writer, in consequence of his ignorance of the peculiar affection, and of what had been written upon it.

The subject of the attack was a sergeant of marines, aged thirty-four; near six feet in height, rather attenuated, but not markedly so; light complexion, and eyes; dark-brown thin hair, and bad teeth. Sedentary from habit and want of occupation; addicted to the moderate use of spirituous drinks, but abstinent for one month, in consequence of the frequent attacks of gout, to which he was constitutionally liable; the curative powers of nature had become depraved, inactive and inefficient. From the attacks of palpitation and uneasiness about the heart, from which he often suffered, and from a somewhat imperfect physical examination, he was supposed to have a simply hypertrophied heart.

During twenty-two months he had been on the sick list; once, for facial neuralgia; once, for dysentery; three times for gout, and once for gouty ophthalmia; and, for three weeks previous to his severe illness, he had "felt badly," and "eaten sparingly."

The case was of eleven days' duration, from its advent to established convalescence; its occurrence and progress being nearly as follows:

On *Thursday, March 22d, 1849*, at one o'clock P. M., he was attacked while exposed to the sun, in an open boat, with dizziness, ringing in the ears, and disturbance of vision, and a moment after had lost all sensibility. In this condition he was immediately carried on board ship;

and, when first seen, a few moments later, he had partially recovered his sensibility, and was retching, but not violently. His body had become rigidly extended, and the surface was cold and moist. The countenance was red and swollen; the conjunctiva injected; the veins of the forehead distended, and the arteries of the neck throbbing visibly. The pulse was hurried, small, and irregular; and the breathing hurried, and interrupted by retching. The mind was disturbed, and there was constant complaint of intense "bursting pain" through the temples and upper part of the head.

Mustard cataplasms were freely applied to various parts of the body and limbs, with a hot mustard foot-bath. Six ounces of blood were abstracted, by as many cups, from the nape of the neck; the bared scalp was covered with cool, wet cloths, and the body placed in an inclined position, with the head elevated.

After these measures, the countenance assumed a more natural color, although the eyes retained an unnatural brightness, and the conjunctivæ were still injected; sensibility was restored; the rigidity and gastric irritation abated; the general surface had become warm, and the pulse more full and regular. The mind had become settled, and the throbbing pain in the head nearly gone. In the evening, a purgative of calomel and compound extract of colocynth was given, after which he slept tolerably well during the greater part of the night.

Friday. Continued better, with but slight pain in the head, augmented by motion, with slight febrile action throughout the day. No paralysis or rigidity; face and neck still reddened, and eyes injected, and shining beyond what was natural. About 6½ P. M., pain through the head began to increase, with throbbing, and was accompanied by increased redness of the neck, face and eyes. Pulse became full and strong; skin hot and dry, with full recurrence of the intense bursting pain through the head; disturbance of the senses, and wandering delirium.

One and a half ounces of blood from each temple by cups; cool cloths to the head, and a hot mustard water foot-bath were directed, with the effect of abating all the symptoms within three hours, leaving much the same condition as during the day. At 10 P. M., directed half a grain of calomel, with one grain of the powder of ipecac. and opium, to be given every half hour during wakefulness. Alvine and urinary evacuations at 11; after which, he was restless but without much pain until 4 A. M., when he slept during two hours.

Saturday, 6 A. M. Marked mercurial fetor in the breath, and three hours later increased flow of saliva. No mercurial powders had been given after 4 A. M. 9 A. M., directed a saline cathartic, and creosote

mouth-wash ; was better throughout the day ; pulse 95, soft and more regular ; skin cool, but dry ; no delirium, and but little pain in the head. Intolerance of light and noise, with injection and brightness of the eyes still continued. 6 P. M., directed a small quantity of prepared tapioca ; ptyalism excessive ; has thirst, but can only take drinks when lukewarm, from the pain they cause in his mouth. Alvine evacuation at 11 P. M. ; cool applications to the head continued assiduously.

Sunday, 4 A. M. Was seized with a chill ; loss of sight, and partial loss of hearing ; recurrence of the intense pain and delirium. Pulse 140, small, with turgid veins and throbbing arteries. Three cups to the nape of the neck, and hot mustard water foot-bath were added to the cool applications to the head. In two hours and a half the skin had become warm, and of a good colour, the pulse had fallen to 120, and become full and regular, and the delirium had given way to a comatose sleep, from which, however, the patient was easily aroused by a loud tone of voice. Pulsations of the heart visible, and easily counted by the motion given to the bedding. 8 A. M. found him awake and composed, without much pain in the head, but much disturbed by the noise and light. Complained much of the soreness of his mouth and tongue, and of his inability to satisfy his thirst. Continued in much the same condition throughout the day, having taken some tapioca and tea. 8 P. M., pain in the head increased ; face red, veins turgid, arteries throbbing ; pulse 130, full and hard ; upon which restlessness and delirium again supervened.

These symptoms had abated at the end of two and a half hours, and he passed the night principally in restless sleep, disturbed by frightful dreams.

At 10 P. M., commenced taking sulphate of quinia in solution, to the amount of two grains every four hours during wakefulness.

Monday. Was better during the entire day ; countenance much more natural. Cool applications assiduously kept up during the day, and the lower part of the body kept warmly covered. Took some thickened soup three times during the day, and some pulp of bread and milk in the evening. Lukewarm milk and water, substituted for water as a drink.

Tuesday. Complained much through the day of tenderness and soreness of the scalp and eyes, and of certain parts of the legs and feet ; the tender parts of the latter being of a marked livid hue. Mouth worse, but felt much the same in other respects ; pulse 120, soft and moderately full ; surface in good condition ; had free perspiration during the last night : substituted mouth-wash of hydrochloric acid for that of creosote. Quinia and diet continued.

Wednesday. Somewhat improved in every respect; complained of debility for the first time, and also of feeling nervous, with feverish and chilly flushes. In the night, had a return of dizziness and pain in the head, but for a short time only, and not so severe as before. Quinia and diet continued.

Thursday. Complained chiefly of debility and soreness of his mouth. Refused to take the solution of sulphate of quinia on account of the pain it gave his mouth, and was whimsical and petulant throughout the day. 11 P. M. awoke from a quiet sleep, and had a fit of violent weeping, which he could neither account for nor control. Was much disturbed during the night by the palpitation of his heart, which he could plainly hear and feel throughout his body. These pulsations were so irregular and intermittent that it was impossible to get ten successive beats, and frequently three or four strong throbs would occupy the time of double the number of natural pulsations. By estimation, the rate of the pulse might have been about 70. To the ear, this irregularity was even more marked. The sounds were all somewhat indistinct, although the impulse was unusually strong. The first sound appeared lengthened and roughened. Directed profound quiet of body. Sulphate of Quinia to be resumed, and given in mucilage three times a day. Diet to be continued. Tepid sponging on the surface.

Friday. Much the same, except that the irregularity in the heart's action had settled into the regularity of omitting every fifth pulsation. The pulse and chest were examined half hourly for five successive hours, during which this regular irregularity was distinctly marked. About 3½ P. M. became restless and feverish, the pulse rising to 122, becoming full, and losing its irregularities. This febrile access proved to be ephemeral, and he slept during a great part of the night with a quiet and comparatively regular pulse, having taken a fluidrachm of compound spirit of Sulphuric ether at 9½ P. M.

Saturday. Much better; complained only of soreness of the mouth and debility. Pulse 75, moderately full and regular; skin soft, moist, and of good temperature; sore blue patches on the extremities disappearing. Continued Quinia and diet.

Sunday. Still improving; sleeps well and quietly; appetite commencing; mouth much better. Continued quinia, and directed nutritious diet.

Monday. Convalescence established.

A month later, this convalescence was interrupted by an attack of the rheumatic fever, then epidemic at Rio Janeiro, from which however, he quite recovered, and was restored to tolerable health by the middle of June.

In the analysis of this case, it is necessary to observe that each man on board our vessel has a gill of whiskey per diem issued to him, and that half this quantity is taken undiluted immediately before the earlier meals of the day. It thus becomes an habitual excitant to the stomach and appetite, rendering palatable the sound but not very tempting diet.

About one month before the attack, the patient's stomach had been deranged by free use of colchicum, and his spirit ration stopped, after which he ate sparingly, and felt badly. The effect of anorexia and want of exercise, upon a somewhat depraved constitution and attenuated form, after two years' confinement on board ship, was inanition and consequent morbid nervous irritability—the predisposing cause of the attack. His duty rendered it necessary that he should remain for half an hour, at noon each day, in the fruit-boat, which came along side at meal-times.

The direct rays of the sun of a tropical climate upon the flat-topped black leathern cap, produced a depression and a relaxation of the system, inviting congestion from the hypertrophied heart to the least resisting point, which, from immediate exposure and irritability, was the brain. Thus, in isolation and hypertrophy of the heart, the exciting cause may be recognised. The symptoms of the attack were unquestionably those of cerebral congestion, and the predisposing cause indicated that the congestion was a passive one—the result primarily of nervous irritation. The ready subsidence of almost all the grave symptoms, was yet stronger affirmative evidence, which the second, somewhat similar, attack might not overthrow. This second paroxysm had, in addition to the increasing nervous irritation, the powerful auxiliary cause of habit, or precedent attack; and the difference between the two might be attributed to succession and the effect of treatment. Then came the prompt and excessive mercurialization, affording, except for the possible effect of idiosyncrasy, conclusive evidence against the active or inflammatory character of the affection. The interval, consisting of the third day, passing without marked febrile action, and without delirium or interference with sensation or motion, added yet greater weight to the already sufficient evidence. The two attacks of the fourth day, produced by the yet uninterrupted cause, and by established habit, and modified by increased susceptibility and treatment, only could serve to multiply opportunities for observation, and sources for confirmative evidence.

After this, the effect of a generous diet, an efficient tonic, and a nervous sedative could be predicted with great certainty, provided the vital forces were yet capable of responding to the assistance thus offered.

Thus, an experienced practitioner might have gone inductively through the case, without a desire unsatisfied, or a fear for the result: but it was not thus with the writer. Losing sight of the predisposing, in a nearer view of the exciting causes, the congestion was at first supposed to be an active one, and the second paroxysm was mistaken for a reaction, rendered tardy by the depressed condition of the vital forces, which was to usher in a meningitis. This view was not, however, adopted with the confidence of certainty, and therefore active depletory measures were postponed, and mercury was resorted to as a tentative. The effect of this latter agent was to still further unsettle the adopted view. Yet the possibility of an idiosyncrasy, or of a temporary condition of the system, which might account for this mercurial sensitiveness, would not admit of the full adoption of what is now considered as the correct view of the case until the fourth day.

To exculpate the writer from having too readily adopted a view of the case, which was probably erroneous; or in short, from having jumped at a conclusion, it may be remarked that he had frequently seen the active congestion of "sun stroke" before, and had always been able, by active antiphlogistic measures, to avoid the consequent cerebral inflammations which so commonly follow them, in persons temporarily resident in tropical climates: whilst he had never seen a congestion of this character, and was not properly acquainted with what had been written on nervous irritation. However easy the diagnosis of this case may appear from analysis, it appeared quite the contrary to the writer when viewed synthetically; for throughout its course, it proved to be of that class which affords little else than anxiety from whatever method of treatment, and distrust from all.—*Am. Jour. of Med. Sciences.*

U. S. BRIG PERRY, AT SEA, July 1st, 1849.

ART. II.—*Treatment of Mania-a-potu in the Pennsylvania Hospital.* By
HENRY HARTSHORNE, M. D.

Mania-a-potu.—In the summer of 1847, twenty-six cases of delirium tremens were treated under the direction of Dr. Pepper, without any death. The only failure of complete recovery, was in a man very much broken-down by disease of the liver, &c., for which he was admitted, and who was removed by his friends. In one respect, this class of patients suffered under a disadvantage; they were, while ill, necessarily confined to their rooms, many of which, being in the basement, were too gloomy not to feed the dismal delusions and fears to which they were subject. There is no doubt that the most appropriate place for the man

agement of such cases, would be a ward furnished with the space, attendance, and other conveniences and comforts of a well-regulated lunatic asylum; such, for instance, as the insane department of the Pennsylvania Hospital, Blockley.

In spite of these difficulties, however, the mortality in the wards in the city Institution is small. The usual treatment has been a combination of the moderate opiate, with the stimulant plan, varied according to the case. In merely mild or threatening instances, exercise such as was attainable, one or two bottles of porter daily, with full diet, and a Dover's powder or other soporific at night, proved sufficient. When the nervous symptoms were well developed, but the pulse, warmth of skin, condition of stomach and muscular capacity evinced the absence of prostration, one grain of opium every two or three hours was given, perhaps with wormwood tea, but without alcohol, unless the patient was known to have been habitually a large drinker. If the skin became cold and clammy, the pulse rapid and small, and long vigilance produced general exhaustion, brandy was directed, to the amount of a table-spoonful every hour or two, and one grain of opium was given every hour as a maximum. This course rarely failed to produce sound and prolonged sleep in from one to three or four days; and the sleep was almost invariably followed by immediate recovery. In several cases a blister to the nucha shortened an obstinate attack. Laxatives were required by a number. Intractable vomiting and rejection of food gave trouble frequently, but were subdued by the usual means. The most tedious case was that of a young lawyer, M——, whose symptoms, from the first, were less violent than the average; but who continued rather to lose than gain for three weeks, having the ordinary delusions constantly, with some tremor and increasing wakefulness. After having increased his anodyne to the amount of two grains of opium every two hours without effect, Dr. Pepper substituted the following: R. Tinct. valerian, ʒij; Liq. morph. sulph. ʒss. M. S. q. h. quart.; and directed also an enema of a drachm of laudanum every night. His first long sleep, the precursor of cure, took place after a *warm bath*, the head being at the same time placed for some minutes under the cold steam of the hydrant.

In the course of two years under observation, some fatal cases of mania-a-potu occurred, chiefly in connection with violent injuries. But, whatever may be said of the success of the simple alcoholic plan in other institutions, or of the excessive narcotic treatment formerly in vogue, there appeared to be every reason to be satisfied with the combination of the use of moderate doses of opium with stimulation proportioned to the asthenia of the case.

The mode of termination of one fatal case was remarked particularly. Patrick Riley, cab driver, was admitted 6th mo., 11th, 1847. He was evidently delirious, but passive, and not noisy. He had been bled by a physician out of doors, on account of more violent symptoms. The pulse was, on his entrance, somewhat feeble, and the skin cool. We gave him at once an ounce of brandy—his usual beverage—and thirty drops of laudanum. The watchman was directed to give him twenty drops more in the night, with half an ounce of brandy, if he continued sleepless.

I was called early in the morning to see him, in a comatose condition; face livid; respirations at long intervals, and stertorous; skin warm; pulse rapid, and somewhat full. The physiognomy and breathing were exactly those of fatal narcotism from opium. Cold was freely applied to the head, and cathartic injections thrown into the bowels, while the feet were surrounded with a sinapisms; but he died in the course of the day.

It was impossible that ordinary narcotism could have been produced to such an extent by fifty drops of laudanum, in two doses. The fidelity and care of the watchman could not be doubted. The disease itself must have imitated the action of opium. Dr. Pepper pronounced this opinion decidedly; and confirmed it by reference to a case mentioned in Watson's Practice, almost exactly similar in all respects—the man having been bled, and then having swallowed three grains of opium, died with all the symptoms of laudanum poisoning. Dr. Watson considered the universal experience of the tolerance of opium in mania-a-potu, to prove plainly that the disease had spontaneously assumed that mode of termination.—*American Journal*.

ART. III.—*Case of Congenital Deficiency of the Superior Portion of the Cranium.* By JOHN W. TRUGIEN, M. D.

H——, aged forty-six, native of Ireland, County of Mayo, married, and the mother of twelve children, all of whom were well formed and perfect, after a gestation of nine months, during which nothing unusual occurred, was seized with labor-pains, at 1 o'clock, P. M., June 5th, 1849, and at 4½ o'clock, P. M., was delivered of a fine (with the exception of the particular deformity, of which mention is about to be made) female child. As is customary, in our southern country generally, a woman was called upon to preside at the birth of the child; and, consequently, nothing could be ascertained very satisfactory of the phenomena of labour—the relative duration of the different stages, &c. On examining, with the view of detecting the presentation, the strange feel-

ing communicated to the finger of the midwife by the foetal head, surprising and alarming her, caused her to send for a physician. The second stage of labour was fully commenced when he arrived; the os uteri fully dilated, the head presenting (position not stated), and the arm protruding by the side of the face. The bag of waters was now ruptured by the finger of the accoucher, and the arm pushed back into uterus, when the head descended regularly, and the child was delivered in due time. It was then found, on examination, that the calvaria or vault of the cranium was entirely deficient, presenting the appearance of having been cleanly sliced off with a knife, on a level with the temporal ridge all around, commencing in front at the superciliary ridges of the frontal bone, extending thence through the parietal and occipital behind, down to the level of the superior semi-circular ridge. The space thus left deficient was covered by a transparent membrane, through which the brain could be distinctly seen, of a bright scarlet colour. It was deeply interesting to witness the movements of the brain, which were synchronous with those of the respiratory apparatus; the cranial mass rising during expiration, and sinking during inspiration. The parts of the brain exposed to view, were the anterior, middle, and posterior lobes. The spinal column was perfect throughout, and, as before intimated, with the exception of this deformity, the child was perfect in all its parts. Pulse about 130 in the minute. Aspect of the face very singular and expressive, resembling more that of an old woman than a new born babe. The eyes looked unusually large; the pupils dilated, and the eyelids constantly closed. The child cries, but does not nurse, refusing the nipple when applied to the mouth. Owing to the ignorance of the parents and friends, and their superstitious notions, such an examination as we could have wished, was not to be had. Some measurements of the body and head were, however, made, and are as follows:

	Inches.
Length of child, from vertex to heel.....	15½
Circumference of head.....	8½
Fronto-mental diameter.....	3½
Length of opening in the cranium.....	3
Breadth.....	2

The child lived forty-eight hours only after birth. No post-mortem examination was allowed.—*American Journal*.

ART. IV.—*Acute Idiopathic Ulceration of Cartilage*. By THEOPHILUS MACK, M. D.

The following is a brief and imperfect sketch of a case presenting the characteristic symptoms of the above disease, which occurred in the person of a young girl in her fifteenth year. Upon my first visit, Sept. 18th, 1848, I found my patient tossing about on the bed, and screaming aloud occasionally, from excruciating pain experienced in the knee joint of the right limb, with which, she stated, she had been seized shortly after her return from a long walk, about forty-eight hours before my arrival.

The pain, ere it had fixed upon the joint, developed itself in the temporo-maxillary articulation; next in the left shoulder, thence it metastasized to the right hip, and, finally, established itself in the knee of the same side. The symptoms, upon examination, were, a clear, delicate skin, light hair, pearly conjunctiva, thick lips, cervical glands large, and other evidences of a strongly marked, strumous diathesis.

She was excessively neuropathic, complaining of pain on pressure at various points; face flushed, skin hot and dry, tongue white, bowels constipated; pulse 130, quick and tense. No abdominal or thoracic lesion diagnosed. The menstrual discharge had not yet been established. She now appeared to me to be labouring under acute articular rheumatism, except that no *tumor*, or *tension*, or *redness* of surface appeared in the inflamed joint. The pain was mitigated also by *extending* the leg, thus diminishing the pressure of the inflamed articular surfaces, and I found that her mother had frequently, as she expressed it, "pulled the knee," to afford her relief. The least flexion of the joint occasioned intolerable suffering. Ft. v. s. ad 3 xx, R. hyd. chlorid., pulv. rhei, aa., gr. x., ft. pulv. statim sumend; etiam R. antim. pot. tart. gr. ii.; tinct. aconiti 3 ss., aqua f. 3 iv., ft. mist. ejus capiat 3 ss. 3 tiis horis.

19th.—Bowels freely purged. Urgency of symptoms continues. Repetat v. s. R. hyd. chlorid. gr. viij., pulv. ipecac. comp. 3 i, m., in part. aquales viij. distribuend. capt., tertia quaque hora; contin. mist. et heri.

20th.—Pain of joint undiminished, febrile symptoms subdued; cucurbit. cruent. a vicinia artus. R. hyd. chlorid. gr. viij. morphiaë hydrochlor. grs. iv. m. et in chartul. viij. divide, quarum sumatur i quadrihorio; mist. ut heri.

21st.—The local pain has abated in a great measure, being now only felt upon motion. Some swelling in the tissues about the joint. Perfect rest and fomentations were directed. Omittite misturam, contin. pulv.

22d.—Ut supra. Omittite pulv.

23d.—Pain paroxysmal, at long intervals, and recurring upon motion. Diarrhœa; mist., cret., comp., 3 ii. 3 tiis horis.

24th.—An unhealthy mercurial action has supervened, aphthæ appearing on the fauces, and diarrhœa.

25th.—No swelling or fluctuation in the joint; some œdema of the parts adjacent. The diarrhœa has yielded to anodyne enemata, and small doses of Dover's powder.

26th.—Pain still felt upon motion of the knee, but of a much less acute nature than heretofore. Much to my dissatisfaction, her mother now became impressed with the opinion that she was convalescent, or sufficiently so to dispense with my attendance, and fearful of the imputation of an "itching palm," I refrained from remonstrating, and took my departure, after prescribing small doses of iodide of potassium three times a day, and counter-irritation in the neighborhood of the joint. Eight days after, I was again summoned, in the middle of the night, to her bedside. I found the parts about the diseased knee and leg tender, swollen and œdematous fluctuation being discovered, I made a puncture at the point where the fluid appeared about to effect its escape, viz: about the middle of the spine of the tibia; this was followed by a large discharge of laudable pus. Great temporary relief ensued.

October 2d.—In consultation with Dr. Telfer, of Toronto, it was decided from the circumstance of the suppuration being *external* to the joint, the character of the pus, &c., to postpone operative interference. A probe passed along the sinus, leading to the opening, reached the head of the tibia. Another deep incision in a depending position, was practised near the joint, but the pus still preferred the original route. Porter on a nourishing diet. R. quiniæ disulph. gr. ii., tertia q. q. h. sumend.

During several successive days, five incisions were made for the liberation of pus, in different parts of the leg; one near the ankle. From this latter, issued much thin discharge of purulent matter, containing small masses resembling *lumps of curd*.

Discoloration now appearing about the sacrum and trochanter, she was placed upon an air bed, but large sloughs soon began to separate, and an hydrostatic bed was procured.

Nov. 23d.—In consultation with Dr. Telfer. Symptoms of hectic; skin moist; pulse 100, soft; tongue smooth; a few aphthæ still remain upon the velum palati; extremities œdematous; large healthy looking ulcers over the sacrum and trochanter; ascribes to the water bed the most grateful relief. The discharge from the incisions thin, sanious, and mingled with curdlike masses; the probe passed along the surface of the tibia, communicates the rough sensation of diseased bone. Our poor patient's condition was now deplorable; the discharges from the diseased leg, would, alone, have proved most exhausting, but the bed sores, one

about six inches in circumference, added to her accumulated misery. There was not so much emaciation as might have been expected; no symptoms of thoracic lesion could be detected, and, as the constitutional powers appeared to warrant an operation, immediate amputation above the knee was decided upon.

The following morning, assisted by Drs. Telfer and Rolls, I proceeded to the operation. The consequent loss of blood did not exceed $\frac{3}{4}$ iv. She sustained the shock remarkably well. Appearances on dissection of amputated member: The muscular tissues were very indistinct, and surrounded, in many situations, by collections of pus. No pus detected in the cavity of the knee joint; the synovial membrane appeared slightly vascular; the semilunar cartilages were completely absorbed, and the ulceration had destroyed every vestige of structure of this nature, about the head of the tibia, which partook of the disease also, and was perforated by a sinus, affording communication between the joint and the cavity of an abscess over the spine of the tibia. The whole shaft and malleolar extremity of this bone were extensively carious, and exfoliating in some places. A large ulcerated surface, exposing the bony structure beneath, occupied each condyle of the femur, over the inferior two-thirds of their superficies. A small ulcerated spot also appeared on the anterior portion of the cartilage of the outer condyle. On each side of the vertical line of the patella, the cartilages were ulcerated. The disease presented the same appearances in both tibio-fibular articulations, and traces of it were detected in the cartilages of the ankle joint.

Fourteen days after the operation, the ligatures came away. Part of the stump had healed by the adhesive process, and she appeared to be *doing well*. With the exception of the smooth tongue, and slight abdominal tenderness, no alarming symptoms presented. In a few days hectic supervened, and rale crepitant in both subclavicular regions, hæmoptysis and diarrhœa. The discharges from the stump ceased, and dyspnoea rapidly increased. She soon succumbed to acute tuberculosis, and died on the 24th day after the amputation, and nearly three months from the invasion of the disease. No post-mortem allowed. The rapidity with which so large a quantity of bone arrived at an advanced stage of disease (in sixty-six days) and the reputed rarity of acute ulceration of cartilage, from purely constitutional causes, with the distinct absence of synovitis, have induced me to submit the above for publication, not so much from being afflicted with the *cacoethes scribendi*, as from the desire, to be numbered among those commended by St. Bernard:—"Sed sunt quoque qui scire volunt ut ædificent, et charitas est. Et item qui scire volunt ut ædificentur, et prudentia est."—*Buffalo Journal*.

[We have treated a similar case in a man aged 35, who was suffering from tuberculo-sis of the lungs, and died before the articular disease had made such progress as in this case; indeed the symptoms were entirely suspended by powerful revulsive treatment and absolute rest, for two months, but returned a few weeks before his death. Ed. O. J.]

ART. V.—*Peculiar form of Epilepsy*. Reported by Dr. F. H. HAMILTON, one of the attending surgeons to the “Buffalo Hospital of the Sisters of Charity.”

C. B——, printer, of Rochester, N. Y., entered the Hospital as my private patient, Jan. 16th, 1849. The following is an abridgement of a letter he addressed to me, detailing the history and progress of his malady :—

“I am now twenty-three years old. At the age of three years I fell from the bed, and struck my head upon the spot where phrenologists locate the organ of ‘hope.’ The physician who examined it said it was a mere bruise. The wound, however, did not close in two years, but a sinus was formed under the scalp, extending from the seat of the original injury, to a point two inches nearer the ear. Finally it opened at this latter point, and then the first wound healed. In one year more, it healed also at the lower opening. Now I became affected with a kind of spasm and vertigo. The spasms were always preceded by a sensation similar to that produced by a spider running from the ear to the original wound. By a course of emetics and purgatives, I obtained some relief, at the age of seven years. Eight years since, I discovered a depression at the point of injury, which I think, by frequent pressing upon it, has much increased in breadth and depth.

But to speak more particularly of the manner in which it affects me. From the age of nine years, on the occurrence of the spasm, I was thrown instantly upon my back, with my feet and hands lifted perpendicularly into the air; and I laughed constantly until the spasm ceased. Since then, unusual mental exertion renders me almost helpless, from extreme weakness, and my brain is confused, but the spasms are not so severe or of the same character. Now if I press upon either of the old scars, I can induce this condition, and a nervous sensation extends from the point pressed upon, down my neck, shoulders, &c. If the pressure is continued, it produces, in fifteen minutes, copious salivary, urinary and alvine evacuations. If spasms occur, my vision is affected, and objects appear much more distant than they actually are. If I am walking, under its influence, my speed is immediately involuntarily accelerated, and perhaps in a moment afterwards, my progression is in like proportion retarded. If the spasms are chiefly in the right side, I walk obliquely to

the right, if in the left side, I walk obliquely in the opposite direction. In this condition, I cannot give correct utterance to my thoughts, but I think one thing and speak another. Sometimes when engaged in type setting, I commit gross blunders, and then not from accident or dullness of intellect, but because I am impelled or determined to do it. Recently, after having supped, and while yet sitting at the table, and knowing that such was the fact, I said, 'let us ask a blessing,' and I proceeded to do so, but was arrested in the middle of the service by the impulse having suddenly ceased. Again I was splitting wood in the rear of the house, when I was taken by a spasm, and forthwith I started, pell mell, for the street, a distance of six rods, with no object in view, yet with the axe raised as if in the act of striking. When I reached the street the excitement ceased, and I returned quietly but greatly exhausted."

January, 1849, I operated upon Mr. B., at the Hospital, he having placed himself under my care for that purpose.

The operation consisted in nearly circumscribing each of the cicatrices, separately, by a circular incision extending to the bone, and then dissect it up clean from the cranium, leaving the circular flap thus elevated, attached only at one point of about an inch in breadth, through which it might continue to derive its support. My object was two-fold: first, to cut off, as completely as possible, the nervous communication between these cicatrices and the general system, and second, to afford me an opportunity to trephine if the skull should be found to be depressed. There was, however, no evidence that the skull had been injured; I therefore completed the operation by simply replacing the flaps. He was immediately, and for a short time, relieved of nearly all the unpleasant symptoms, from which he had so long suffered. In about two weeks he returned home. The following is a summary of the letter which he has since addressed to me:—

"Dear Sir:—I have delayed writing to you thus long, that I might speak more definitely of my case, and of the benefits received from the operation which you made. I am happy in now being able to say that I am greatly benefitted: indeed, I do not hesitate to say that I am permanently cured. It is now three months since the operation, and I feel like a new man. During the healing process, I was almost in despair as to any favorable results; many of my old symptoms returned. But when, in about five weeks, the wounds had entirely healed, the unwelcome symptoms again disappeared, and they have not returned. The upper cicatrix is soft and pliable like pulp.

My mind is not now, as formerly confused and distracted; I have, in consequence, been able to make a desirable editorial connection, and my

future prospects are brightened. For these priceless benefits please accept my thanks. Give, also, my thanks to sister Ursula, for her and the Sisters' kind attentions to me during my brief stay with them.

Your sincere friend,

MARCH 26th, 1849.—*Buñalo Journal*.

C. B."

ART. VI.—*A Hydrocele containing forty ounces*. By PAUL F. EVE, M. D. Professor of Surgery in the Medical College of Georgia.

On the 23d of this month (November), I operated before the present Class of our College on a case of Hydrocele, which from its size, may be deserving of notice.

Aaron, the patient, is a negro man aged 70, who some fifteen years ago, first noticed an increase of the left scrotum, and which has continued to enlarge to the present time. He also has some accumulation of fluid in the right tunica vaginalis, with a reducible inguinal hernia on the same side, which however does not descend into the scrotum. Through the kindness of a professional friend in a neighboring county, he was directed to my Surgical Infirmary.

The scrotum was tapped by the trocar, and Dr. Means measured *forty ounces* drawn off through the canula. Diluted tincture of iodine was then injected, and the patient since has been doing well, with a good prospect of cure.

On a former occasion, I drew off thirty-seven ounces of fluid in a case of hydrocele, and permanently relieved the patient, by the same therapeutic agent.

December 1st, 1849.—*Southern Medical Journal*.

ART. VII.—*Exophthalmos—with observations on some other affections of the Eye*. By C. F. FENNER, M. D., New Orleans.

A few months since, a medical gentleman from Alabama, consulted me in regard to a frequent exophthalmos of his right eye. I took no notes of the case at that time expecting to see him again in the course of a few weeks, but unfortunately he was attacked with an acute disease, which he did not survive, consequently I have to depend on memory for such facts of the case as I shall mention. He stated that some years previously, both eyes, which were naturally prominent, had gradually become still more so, that suddenly from some slight cause (which I do not now recollect) the right eye slipped from the socket, protruded from the lids and lay on the cheek—vision was instantly destroyed. He took hold of the eye with his fingers and gently returned it to its proper place within the orbit, and was agreeably surprised to find the sight return and

the motions of the globe to be as free and perfect as ever. He had never experienced any pain or uneasiness in either eye, nor was the exophthalmos followed by any inflammation or soreness except that which was occasioned by the touch of the fingers in returning the parts to the orbit. Some months afterwards, while walking and without the application of any direct force the same eye protruded again, and was returned in the same manner as at first, without being followed by any unpleasant symptoms. The eye had continued to escape from the orbit every few months for several years, and these attacks had become more frequent of late. The eye had on one occasion slipped from the socket while asleep. Although vision remained perfect, the gentleman was apprehensive that he would eventually lose the sight of the eye. On examining the orbit, I could detect no tumor, no induration of the cellular tissue, no enlargement of the lachrymal glands, nor increased lachrymation. Both eyes were large and prominent, the left nearly as much so as the right, and from their superficial position it would require but little stretching of the optic fascia to permit the globe to slip over the edge of the orbit. I think in the first place there was either some infiltration in the cellular substance, or a morbid accumulation of adipose tissue on which the eye rests, and that after the optic fascia and recti muscles had once become stretched or relaxed by the first protrusion of the eye, they never afterwards regained tone sufficient to prevent a recurrence of the exophthalmos from very slight causes.

Orbital Tumors.—February 15th, 1848.—Mr. W——, a young man, about twenty-five years of age, came to me with a tumor situated just within the temporal edge of the orbit of the right eye. He stated that when a boy, he received a blow on the temple and soon after discovered at the external canthus a small tumor which had been enlarging slowly up to the time I saw him. At first it gave him no trouble, but for the last two or three years, it had attained such a size as to press on the eye sufficiently to impede its free motion and at times to give him much pain. I found the tumor firm, apparently of a cartilaginous structure, attached to the bone, six or seven lines from the edge of the orbit. From its surface next the eye, a fleshy growth protruded, piercing the conjunctiva, lying loose between the lids and globe of the eye. This growth had from the pressure of the lids assumed a flat elongated shape, extending nearly to the inner canthus, covering the cornea and depriving the eye of all useful vision; besides being the source of irritation, causing the conjunctiva to be in a constant state of inflammation, liable to become severe on slight exposure to cold, night air, over exertion, &c. I advised the removal of the tumor, to which he at once consented. I made a perpen-

dicular incision near the external canthus, dissected down to the attachment of the tumor to the periosteum covering the orbital plate of the frontal bone to which it had grown by a narrow neck. The tumor was so hard that it was with difficulty pierced with a tenaculum. With a strong pair of scissors, I separated the attachment to the periosteum, dissected it from the palpebral integuments to which it closely adhered, when it came away bringing with it the fleshy growth covering the cornea. The wound healed by the first intention and the patient discharged entirely well. The tumor was about the size of a filbert, solid throughout and of an almost bony hardness.

February 1st, 1848. A negro girl ten years of age, was brought me with severe inflammation of the left eye, of six weeks standing. On making an examination, I found severe conjunctivitis, the upper lid much swollen, the cornea inflamed and having a long narrow penetrating ulcer three lines in length, extending from its lower edge upwards between its centre and temporal margin. There was considerable photophobia with increased lachrymation on exposure to light. The reflex conjunctiva, extending from the globe to the upper lid, was pushed down between the cornea and ciliary margin, throwing the lid from the eye, but not sufficiently to evert it. There was no chemosis and but slight thickening of the conjunctiva, the reflex portion of which appeared to be displaced by some foreign body situated behind and pressing it from its proper place. There was some slight sympathetic derangement of the system. I tried the usual antiphlogistic plan of treatment, such as taking blood from the temples, purging, emetics of sulphate of zinc, and counter-irritation without mitigating the symptoms in the least. The ulcer on the cornea continued rapidly to extend. Presuming that the displaced conjunctiva rubbing over the surface of the cornea, if not the first cause of the inflammation, had much to do with keeping it up, I determined to make an incision through the part and if possible, remove the cause of its displacement whatever it might be. An assistant elevated the upper lid while I made an incision through the most prominent part of the protruded membrane, parallel with the ciliary margin and extending nearly from the internal to the external canthus. There instantly extruded a considerable quantity of fatty cellular tissue, which I seized with the forceps and cut away with a pair of curved scissors. The quantity removed filled a large teaspoon. The conjunctiva resumed its proper position, the swelling of the lid disappeared. The next day there was an abatement of all the symptoms, the corneal ulcer had ceased to extend, the photophobia was much less, the conjunctiva had assumed a pale appearance indicative of a subsidence of inflammation. At the end of a week the

eye was nearly well, the ulcer on the cornea which I occasionally touched with the nitrate of silver, was rapidly cicatrising. At the end of another week, I discharged the patient entirely well. The only injury the eye had received was a narrow cicatrix in the cornea, which as it was near the temporal margin, interfered but little with vision.—*N. O. Journal.*

ART. VIII.—*Ulcerations of the Vagina, connected with the states of Utero-Gestation and Lactation.* By DANIEL BRAINARD, M. D., Prof. of Surgery in Rush Medical College.

The “nursing sore mouth” is a disease which has only of late attracted the notice of medical writers; yet its pathology and treatment have been investigated with zeal, if not with entire success. It is certainly surprising that such an affection should so long have escaped the notice of observers, if it existed; and equally strange, it may appear, that it should have originated in these latter times. We are inclined to the latter opinion, and suppose that it is on the increase, both as regards its frequency and its severity. These ulcerations, however, are to be regarded only as a local effect of a general cause, which does not by any means confine its influence to the mucous membrane of the mouth, but which also as often produces similar effects upon the vaginal surface, and apparently on that of the small intestines.

The state of the system which gives rise to these ulcerations is anæmia. Those who have been bled often, or confined to a low diet, or affected with a diarrhœa, or frequently purged, are the persons affected. It is usually attended by a leucophlegmatic state, pallor of all the tissues, costiveness or diarrhœa, and frequent desire to urinate, with smarting pain on urination. In the Western States the diarrhœa usually attacks persons recently arrived from the Eastern States or foreign countries, and is often persistent, and even dangerous. Women in the states of gestation, or nursing, who labor under this affection, are generally attacked with these mucous ulcerations.

The causes of the disease have already been stated to be in general those of a debilitating nature. Lactation, when prolonged, and accompanied by an insufficient nourishment, is by far the most frequent; hence its name, ‘nursing sore mouth.’

The treatment most effectual, verifies this view of the case. A general course of tonics, with nourishing and abundant food, with free exercise in the open air, seldom fail to afford relief. Good beer, ale or porter, with beef and mutton, are the best means to employ. Iron, and Vegetable Bitters, are of some service, particularly the former. As a

local application to the ulcerations of the mouth, no remedy deserves to be compared to the fuming Muriatic Acid, applied with a probe, piece of wood, or brush, to the ulcerated surface ; it never fails to relieve when the ulcers are white and circumscribed. When there is a diffused redness and denudation, it should be diluted and used as a wash. Mercurials are especially to be avoided.

To illustrate these brief and very imperfect remarks, I will add some cases which may be taken as specimens of the different forms in which it appears.

Case 1. Mrs. A., a young woman of scrofulcus habit and delicate constitution, was affected while pregnant with her first child, with ulcers of the mouth, for which she made use of astringent applications. After using these the mouth was cured ; but ulcerations of a very severe kind attacked the genital organs, there being several deep and whitish ulcerated patches about the orifice of the urethra and vagina, which produced great pain and smarting on urination, and pain in the hip, groin, and extending down the thighs. There was considerable constitutional irritation, which soon became severe. Local applications had little effect, and the ulcerations continued until delivery, when they disappeared and the mouth became affected, continuing with varying degrees of intensity during the whole period of lactation. At the second pregnancy and lactation, the disease reappeared in so severe a form as to endanger her life, and render necessary the induction of premature labor, when it again ceased and attacked her mouth.

Case II. Mrs. C., a young woman of delicate constitution, had, during pregnancy and lactation with her first children, ulcers of the mouth. During the pregnancy and lactation with the third child, it recurred, and was treated by the application of strong Muriatic Acid. This immediately cured the ulcers, but similar spots made their appearance about the orifice of the vagina, occasioning great smarting, with pain in the hip and groin of the side most affected. This appearance of ulcers of the mouth at different times, was attended with great relief to the other symptoms ; but on their healing, the ulcers of the vagina were again seen with their attendant effects.

Case III. A woman of about 35 years of age had been effected for a long time with a pain in the back, hips, &c., for which various remedies had been used without effect. On enquiry I found the symptoms dated from the period of lactation, and were attended with debility. On examination, several minute points were seen about the orifice of the vagina, scarcely perceptible to the eye, but which, when the surface was touched with a solution of Lunar Caustic, turned white, revealing the existence

of numerous ulcerated points. The appearance of minute red points upon the mucous surface, of a pale color, I have seen in other cases, and it is well calculated to deceive, unless a solution of Nit. Arg., of the strength of about 20 grs. to the oz., is passed on the surface. That is the form of application preferred for this situation, the Muriatic Acid being too severe. It were easy to add to these cases, others, where the ulceration of the mouth alternated with diarrhœa, indicating a transfer of the ulceration from the intestinal mucous membrane to that of the mouth, and the reverse. But we are content with simply inviting the attention of the profession to certain relations of these affections, in order that the same connexion may be observed if it occurs elsewhere.—*N. W. Journal.*

ART. IX.—*On the use of the Ethereal Solution of Gun Cotton as an External Application in Erysipelas.* By J. W. FREER, M. D., of The Grove, Cook Co., Ill.

Having made use of the adhesive liquid plaster as an external application in erysipelas, with the most gratifying success, I thought it not improper to make known the results.

An epidemic of the above named disease prevailed in our vicinity last Spring, and annoyed me not a little, to find external remedies to alleviate the smarting, burning pain of the inflammation, and to prevent it from spreading over the surface. Reasoning from the fact that such inflammations are usually superficial, involving principally the capillary system of the cuticle and subcutaneous tissues, it seemed reasonable to suppose that any substance which would, after application, contract, thereby expelling the superabundance of blood from the part, would of course lessen the pain and irritation. After experimenting, my anticipations were fully realized.

The first trial was upon a boy about 10 years of age. The inflammation commenced at the nose, and continued to travel until it had involved the whole of the face, scalp, neck, and finally passed down the back, ultimately uniting in front. The pain and irritation resulting from the inflammation, added to the constitutional symptoms, made the case appear quite hopeless. At this period the solution was applied by means of a feather over the whole of the recently involved surface, and immediate relief was given. The inflammatory redness disappeared, and a firm coating was given which entirely protected the parts from the air, and the contact of clothing. The patient soon began to recover rapidly.

Afterwards I tried it in many instances with like success, with this

addition, that no case afterwards traveled beyond its limits at the time of application. I do not presume to say that the spreading was prevented by it, for the inflammation might not have gone beyond these limits without its agency. Since then I have had occasion to use it in other affections, the most important of which are burns. It forms a firm coating, excluding the air, and almost instantaneously relieving the pain. In common inflammation, from whatever cause arising, its application seems to promote a termination by resolution, acting upon the same principle as in erysipelas, that is by squeezing, as it contracts the fluids from the parts, thereby reducing the morbid action.

ART. X.—*Asthma cured by External Applications*. By Dr. WM. TOWNSEND, of Royal Centre, Indiana.

MESSRS. EDITORS—In looking over my diary, I find the following cases of Asthma :

Case I. Mrs. —, aged 25 years, had suffered at times for seven years. After using, at different times, all the remedies laid down by Drs. Eberle and Watson, some of which proved palliative, but not curative, I purged well with Senna and Salts, and applied over the lower part of the breast a plaster made of equal portions of Burgundy Pitch and Rosin, with sufficient tallow to bring it to a consistency to spread. This was sprinkled with Pulv. Ovii and Gum Camphor, and was worn for three weeks, and it is now worn two or three days every four weeks. Two years have now passed, and there have been none of the symptoms of the Asthma, since the first application of the plaster.

Case II. Mrs. —, aged 44 years, had suffered for 4 years, at intervals. On the 4th of March last, I was called in haste to see her. I found her suffering beyond description, and from idiosyncrasy, opium could not be used. I directly had a poultice made of corn meal, and applied over the breast and stomach, which, after being renewed two or three times, gave relief. I then purged with Senna and Salts. On the 5th, I found her with some of the symptoms of Asthma, and some suffering. I applied the above plaster, and kept her bowels in motion with Senna. She wears the plaster as the former patient did, and has had none of the symptoms since the first application.

ART. XI.—*On the use of Ethereal Solution of Gun Cotton in the cure of Erectile Tumors without operation.* By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College, Chicago.

This adhesive liquid, which was ushered into the profession with great recommendations as a substitute for needles in cases of hare lip, and for adhesive plaster in wounds, seems to have failed in fulfilling the expectations which were excited, of its usefulness, and to have become rather an article of *toilette*, and a substitute for court plaster, than a useful addition to our surgical armory. Struck, however, in the experiments with it, with the contractile power it possesses, I determined to test its application to the surface of any erectile tumor which might present itself for treatment.

During the last winter a case of nævus of the size of a very large strawberry, situated on the anterior fontanelle of a young infant, was presented for operation. I immediately covered it with a solution of gun cotton, and, although it was much elevated above the surface, had the satisfaction of seeing it brought by the contractile power of the liquid in drying to a level with the sound skin. It was allowed to remain for several weeks, and then a fresh application made; and at the present time scarcely any trace of the nævus remains, although but two applications have been made.

The next case was that of a young child, with a nævus $\frac{3}{4}$ of an inch in length, and $\frac{1}{2}$ an inch in breadth, situated beneath her right eye. This at birth was scarcely perceptible; but in six months had acquired the size mentioned, and was rapidly increasing. In order to avoid the irritation resulting from its proximity to the eye, the application was made during the sleep of the infant, and was required to be renewed twice a week, on account of its becoming loosened. After two months' use, the nævus is scarcely perceptible, and the use of the solution has been for some time discontinued.

It is not improbable, that by preventing the necessity of resorting to operations in such cases, this liquid may find a use more important than any to which it has before been applied.—*North Western Journal*.

ARM. XII.—*The Manual Delivery of the Placenta.* By JOSEPH PARRISH, Editor of the New Jersey Medical Reporter.

There appeared in one of the recent numbers of the Buffalo Medical Journal, some observations on the manual delivery of the placenta, exhibiting the practice of the distinguished editor of that periodical, in

this respect, which were peculiarly gratifying to me, as a corroboration of the practice pursued by myself, and it is believed, by a number of others ; though to deliver the secundines immediately after the expulsion of the child, is not in conformity with the teachings of the schools. To wait twenty minutes, or half an hour, for the natural powers of the uterus to complete this last effort of labor, is the generally adopted practice ; it has so been taught by the most eminent men, and on that account is worthy of great respect, and ought not to be changed without sufficient evidence to warrant a different course. About one hundred and thirty obstetric cases have come under my care within the past year, and the practice has been adopted in each of them, without any untoward result being apparent. Immediately after the chord is separated, and the child removed, the left hand is applied over the fundus of the uterus externally, and pressure continued for several minutes, while slight traction is made upon the chord by the right hand. If by this manœuvre, the attachments do not readily yield, the right hand is at once inserted into the vagina, or uterus, as the case may require, and the edge of the placenta hooked by the index finger, or the whole viscus embraced, and dislodged from the uterus ; at the same time the nurse is directed to make friction over the lower part of the abdomen. Is it not reasonable to conclude that alarming uterine hemorrhage may be prevented by this practice, as the womb is made to contract speedily, and empty itself of its contents, thus abruptly shutting up the mouths of the vessels which communicate between the maternal and foetal circulation? If the placenta is allowed to remain, separated, as it generally is, from the fundus-uteri, and embraced by the cervix, there is a space left in the cavity of the womb, which may be speedily filled with blood from the ruptured vessels at the fundus, and the woman suffer exhaustion from loss of the vital fluid, while the accoucheur is patiently waiting for the operation of nature. The fear of after pains is also materially lessened, as they mainly depend upon the presence of coagulated blood in the uterus, which may be more readily and completely removed by keeping up the tonic contractions of the womb until all its contents are evacuated. The child is expelled by a powerful muscular effort ; and when thrown out from the womb, the stimulus of its presence being removed, and the uterus not sufficiently contracted, it is necessary to supply an artificial stimulus by the hand, externally, and if need be, by contact with the internal surface, in order to complete the uterine action, and save the woman the suffering of after pains for several successive days, as well as relieve her from the risk of immediate hemorrhage. These suggestions are made after a fair trial of the practice, and are communicated to the profession for their consideration.

After the birth of the child, not more than five minutes need be allowed, in ordinary cases, for the completion of the whole process—the placenta being removed, and the uterus brought down into the pelvic basin, without the presence within its cavity, of any offending body, to act as an irritant to its fibres, and cause the patient to suffer under their continued contraction.—*New Jersey Medical Reporter*.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On Mercury as a remedy in Chronic Disease of the Brain.*
By W. THORP, Esq., Bawtry, Yorkshire.

The value of a well sustained course of mercury, kept up for weeks, and perhaps months, for amaurosis dependent on disease of the cerebral substance, has been well known and appreciated since Mr. Tyrrell published his successful treatment by its aid, in the numerous cases detailed in his valuable work on the eye; but the excellence of mercury as a remedial agent, in cases of paralysis of long standing, is not so well known, and therefore I wish to place on record the following case:

Mr. B——, of Bawtry, Yorkshire, a house and portrait painter, age now fifty-five, being of a corpulent habit, with large chest and head, and a short neck, had, before my acquaintance with him, five years ago, an apoplectic seizure, which deprived him partially of the use of one side. The loss of motion, however, after much treatment by various medical men, had in some degree been restored, when he was seized, last Christmas, with paralysis on the opposite side, and for which, twelve weeks ago, he consulted me, and presented the following symptoms:—Hypertrophy, with dilatation of the left venticle of the heart, but without valvular disease; loss of motion of the newly seized side, together with the other, so great that he could only walk with great difficulty, very slowly, and with the aid of another person; in fact, he dragged one side miserably after the other; he had also considerable difficulty in his articulation, and if addressed suddenly, required a few seconds to collect his ideas before he could give an answer to an ordinary question; considerable pain was experienced above the ears, extending into the orbits; his vision, at times, was obscured by a dark gauze of net-work, but this was not constant, although he could only read with glasses, and by

holding out the book to the distance of two feet. He had occasional fits of giddiness, with great occasional pains down the recently affected side, and a constant sensation of numbness in it.

Treatment and present symptoms.—My object being to bring him under the influence of mercury, and sustain him in this state for several weeks, and be guided by symptoms, I prescribed small and repeated doses of calomel and opium, and on the fourth day his mouth was fairly sore, and has been maintained in this state now eleven weeks. After the third week he began to improve in every symptom, and in the fifth week he walked five miles, a task he had not performed for as many years. His articulation is completely restored, and his sight so greatly improved that he can see to read newspaper print with his glasses at the ordinary distance; and it is now perfectly impossible for any person, who is a stranger, to declare which side was affected the last, or to affirm that he had ever been paralytic.

I have only to add, that if the effects of mercury, as described by Mr. Tyrrell, are so well known, in blindness arising from lesion of the brain, (and which is only as much a symptom of disease as palsy,) why is it not recommended more frequently, and especially in those apparently hopeless cases of the latter disease seem so commonly among us?—*London Lancet*.

ART. II.—*Melanosis of the Lungs suddenly Fatal*. Reported by WILLIAM NORRIS, M. D., Stourbridge.

James P——, aged 45, of Old Swinford, had been many years a soldier in India, and had freely indulged in the use of spirits and tobacco. He had occasionally been affected with cough, and slight pain in the chest, but not so as to prevent him from following his daily occupation as a mason. He returned home, after a long walk and hard day's labor, ate freely at supper, and appeared to be in the enjoyment of his usual health; a few minutes after that repast, he fell down and speedily expired. The malicious neighbors said that the man had been poisoned; an inquest was summoned, and I was requested to make a post-mortem examination of the body.

On opening the chest, the lungs on both sides assumed a very dark appearance, and numerous strong adhesions had connected them with the walls of the chest, and, as Dr. Latham shrewdly observed to me, probably these adhesions were formed by repeated attacks of inflammation. The adhesions in some parts were very firm and extensive, so as to divide the thorax into several compartments. The upper part of the

left lung was ruptured, and nearly a pound and a half of very dark grumous blood was effused into the upper compartment. On examining the structure of the lungs, they were very easily torn, and numberless melanose depositions, from the size of a pin-head to a horse-bean, pervaded the great part of the structure of both lobes. All the other vital organs were apparently healthy.

This appears to me to be a novel and interesting case, for I am not aware that melanosis of the lungs has been recorded. Portions of this diseased structure are deposited in the museum of St. Bartholomew's Hospital, and in the Birmingham Museum.

I published in the "Edinburgh Medical and Surgical Journal," No. LXV., for October, 1820, a case of melanosis affecting the heart and all the vital organs, and most other structures in the body. I believe Mr. Langstaff had found the disease commixed with a fungoid tumor, and Mr. Wardrop had described the disease in the eye; but I am not aware that any writer in England, previous to my case, had described this disease in other parts of the body. Perhaps you or your readers may kindly inform me if I am the first author on the disease affecting the system generally as pure melanosis, and more particularly the heart and the vital organs. Has any writer, English or foreign, described it—in heart, brain, abdominal viscera, or bones, previously to the year 1817?

Eleven years ago I visited the metropolis, and took with me this melanotic heart, and exhibited it in the museums at St. Bartholomew's and University College; my old friend and colleague in Edinburgh, Mr. Liston, also Mr. Cooper and Mr. Langstaff, assured me that they had never before seen melanosis affecting the heart; and Mr. Lawrence most politely gave a clinical lecture on the case in my presence, and told his pupils the specimen of the disease in that organ was the first he had ever seen.

It afforded me great pleasure to give my illustrious preceptor, Mr. Lawrence, half the heart, to be deposited in the museum at St. Bartholomew's Hospital; and the other half I entrusted to my kind friend, Mr. Stanley, for the museum at the College of Surgeons.

This was the most beautiful specimen of the disease I had ever seen; and when I was young, and over-anxious, I preserved in almost a pure spirit, which extracted a proportion of its coloring matter.

It is very singular that the case I published so early as the year 1820, (three years after the patient's death,) in one of the most popular periodical works of the day, should have been unnoticed by eminent surgeons and morbid anatomists. And although Cullen and Carswell wrote on melanosis, some years after, in the same journal, they never alluded to this case. I have now under treatment two cases: one is the most

perfect specimen of melanotic tumor, in a young woman, aged twenty-six, which originated in a mole—moles being generally very innocent marks, unless irritated. Three years ago, her brother ran a pair of scissors through it, with the hope of removing it; a dark-colored stain, of the size of a large nut, afterwards surrounded the tumor. Twelve weeks ago it began to increase, and when I first saw it, three weeks since, it was as large as a moderate-sized mushroom, attached by a pedicle as large as my least finger, not round, but oval and flat, black, soft and elastic, situated between the shoulders. There is also a small tumor, the size and color of a small black grape, near its upper surface; this mass must be removed; but in several years, or sooner, the vital organs, or some structures, and most probably the cicatrix, will take on the same diseased action, and prove ultimately fatal.

As the blood is generally very black in these cases, and the saline particles probably much diminished, I shall give salt in various forms, and improve her general health.

We are surrounded by coal mines, and the colliers who work in the coal pits are often marked in many parts of the body with curious melanotic-looking spots; they receive wounds from the coal, and carbonaceous matter gives a permanent coloring and cellular tissue—may this be called false melanosis? I was promised the thanks of the College for several cases and specimens, but I have not yet received them.

I occasionally observe references made to different authors, as the earliest writers on melanosis, who published many years after me, but no author has alluded to my cases; and therefore I trust and hope I am fully justified in placing these remarks before the public.—*London Lancet*.

ART. III.—*Report of a case of Gastritis, with Remarks on the Utility of Bleeding in Inflammatory Affections.* By J. LANGLEY, Esq., Surgeon, London.

On March 26, 1849, I was called to Miss T——, who had previously been under medical treatment for a week, suffering from acute gastritis. Severe pain in the region of the stomach, intense thirst, incessant vomiting, rejecting the slightest ingesta, either solid or liquid; dry parched tongue; hot feverish skin; rapid, small, but wiry pulse; urine high colored and scant in quantity, were symptoms presenting themselves to my notice upon my first visit, and which, I was informed by the medical attendant, had existed, with trifling variation, throughout the week, followed, as could not otherwise be expected, by extreme exhaustion, de-

bility, and prostration of vital power ; indeed, so much so, that the medical gentleman in previous attendance considered the case hopeless. Upon inquiry, I found the usual praxis of effervescent saline draughts with opiates, digitalis, hydrocyanic acid, counter-irritants ; and as aperients could not be retained upon the stomach, enemata were very properly resorted to ; cold water internally, and iced poultices externally—all means correctly indicated and rightly suggested, but which proved very ineffectual in accomplishing the reduction of such a condition of inflammatory action, so conspicuously evidenced by all the enumerated symptoms ; and it appeared to me surprising that the only means by which such morbid action could have been controlled should have been omitted, and that the motive assigned for not adopting it should have been the progressive state of sinking and debility, which had been induced by, and was still existing as, the effect of merely such inflammatory action, attacking so vitally important an organ—which Hunter emphatically describes as “the centre of sympathies”—I immediately proposed full depletion by general bleeding. This proposition was strongly opposed by the medical gentleman in previous attendance ; and, as is always the case, from natural aversion, by the relatives of the patient ; but nevertheless I carried it out to the following extent, and, as will appear in the sequel, with most beneficial results. 10 A. M. Bleeding to twenty ounces ; cold water by table-spoonfuls every half hour. 3 P. M. Pain somewhat relieved ; thirst not so distressing ; the two last spoon-fuls of water retained. Continue the water. A mustard plaster to the pit of the stomach. 8 P. M. Pulse 95, softer and more voluminous ; less thirst ; complains of the most distressing feeling of heat in breathing ; retains the cold water ; pain rather more severe. Bled to sixteen ounces. 11 P. M. Pulse 80, still softer and more voluminous ; had an hour's refreshing sleep. By her own request had taken a tea-cup full of milk, and retained it ; a remission of the distressing heat of breath ; had a relaxed evacuation ; urine more abundant, but high colored. Continue the cold water, and repeat the mustard plaster.

27th.—10 A. M. Had passed comparatively a tranquil night ; had slept, at intervals, about three hours ; pulse 90, character as last night ; complains of severe pain in the stomach ; frequent eructations, of the character of hiccough ; tongue red and dry. Bled to nine ounces. For the first time slight deliquium ; had not rejected four wine-glass-fuls of cold milk, at intervals of an hour. 3 P. M. Pulse 90, of good character ; has had no return of sickness ; feels very slight pain ; expresses herself as feeling much better and stronger ; urine more copious and paler ; favorable general diaphoresis ; complains of hunger ; tongue moist, and cleaning at the edges ; breath much cooler. A wine-glass

full of beef tea every hour. 11 P. M. Pulse 95; skin hot and dry; complains of more pain; sensorium slightly disturbed, as evidenced by incoherent remarks. Bled to ten ounces; a blister to the pit of the stomach; a turpentine enema; cold to head by evaporating lotion; omit beef tea and return to milk.

28th.—8. A. M. Has passed a very comfortable night; slept four consecutive hours, from half-past twelve to half-past four; when disturbed by diarrhœa from the irritation from the turpentine injection; fell asleep again at six, and slept until my visit; is perfectly free from pain; tongue moister and cleaner; gentle general diaphoresis; wishes to take tea and toast for breakfast; sensorium quite rational, and singultus has ceased. Allowed her tea and toast as she wished. 5 P. M. General improvement in every symptom; return to the beef tea and bread; diarrhœa ceased; expresses herself cheefully as much better. 11 P. M. Better in every respect.

29th.—12, noon. Feels so much better as to be desirous of sitting up; diet, a little fish; a general remission of unfavorable symptoms.

She continued to amend to the 2nd of April, when I took my leave of her, as quite convalescent, requiring no further medical care; and, as she expresses herself, “notwithstanding all her bleeding,” quite as strong as she was previous to her attack. Now, be it remarked, that not one single dose of medicine was administered during this treatment, therefore of the “modus curandi, eruditi judicent.”—*Ibid*.

ART. IV.—*Treatment of Malignant Cholera in its advanced stages, with Phosphorus, &c.* Illustrated with cases. By W. BATTEN, Esq. M. R. C. S. E., Pimlico.

An interval of sixteen years has elapsed since I had the pleasure to communicate to the profession, through the pages of this journal, (*vide* “The Lancet,” 1833,) the system of treatment adopted by me in the advanced stages of the Asiatic cholera, and which, in my own practice, was attended with extraordinary success. I am again induced, owing to the unmitigated fatality of the present epidemic, to submit a short paper on the same subject.

I shall commence by transcribing the original formula for the preparation of the phosphoric pills, the chief agent on which I have invariably relied, and hitherto with the best results, in all the advanced, intractable, and otherwise hopeless phases of the disease:—Phosphorus, half a scruple; white wax, half a drachm. Incorporate thoroughly in a mortar, a sufficient quantity of water being present, during the process, to prevent combustion. Divide the mass into ten pills, which are to be

preserved for use in a phial of distilled water. In all the slighter cases, in the premonitory diarrhoea, in the more tractable stages of the disease, also as an adjunct to the use of the pills in many cases, the following is the medicine on which I depend:—Strong nitric acid, two and a half to eight minims; tincture of opium, four to eight minims; syrup of saffron, a drachm; water, an ounce and a half; mix for a draught. Except in those confirmed forms where all other means prove powerless, and when I would trust to the pills alone as the basis of treatment, and as the sheet-anchor of the patient's safety, I know of none other of equal utility in cholera.

I shall now illustrate the mode of treatment employed by me, and its results, by a few cases in brief, taken from a memorandum made at the end of September, 1833.

Case I. Mr. G——, aged forty, residing in Free School street. I first saw him on the morning of the 24th ult. Had excessive purging, which had been going on for three days, gradually increasing; vomiting had not long supervened; complained of but little pain; evacuations perfectly choleraic—i. e., serous; the sunken countenance, half-closed eye, pallor, and coldness of surface, sufficiently indicated that absolute prostration was close at hand; yet as the pulse was not very low, and the voice not much affected, I thought it possible that the case might not be too far advanced to admit of relief by the means usually found effectual in the earlier stages, and therefore prescribed him a draught of the nitric acid and opium mixture. Visited him at 2 P. M. Worse; vomiting found increasing; cramps in the legs, &c. I now gave him one of the phosphoric pills. Slight improvement soon followed; mitigation of cramps and purging, but not vomiting; the pill was not ejected. At 4 P. M., still improving; gave another pill. From this time the patient's recovery was steady and uniform. The cramps first gave way; the purging then ceased; and lastly, the vomiting subsided, and with little further assistance he was quickly well.

Case II. A female, aged twenty-five, living in Vineyard. First seen by my brother, about two P. M., 12th inst. Attacked only a few minutes before. Vomiting; relaxed bowels; excessive cramps in all the voluntary muscles; pulse falling; dejections choleraic, and features collapsed. One pill was given immediately; a little cold water occasionally. In ten minutes, another pill was administered, and in ten minutes more, a third pill. The three grains of phosphorus thus taken, were retained. The cramps rapidly subsided. In half an hour she was free from pain, and the purging and vomiting had nearly ceased; but she was collapsed, listless, cold and blue, from which state, however, she

quickly rallied ; and with the aid of a little saline medicine, in two days she was quite recovered.

Case III. Mr. M——, aged thirty. Seized suddenly, while in chapel. Seen immediately ; found in a state of complete prostration. Pulse low, and at intervals imperceptible ; voice lost ; countenance choleraic ; extremities cold ; slight vomiting ; and there had been some diarrhoea during the morning. A dose of spirit of ammonia and of compound spirit of lavender being at hand, was first administered. He seemed rapidly sinking ; was directed, therefore, to be carried into a neighboring house, and then was treated precisely as the last case. The result was, that in one hour he was enabled to walk home—more than a mile. On recovery, he expressed himself as having suffered severe crampy pains all over, and especially about the stomach and bowels.

Case IV. J. E——, aged twenty-eight, a sailor. Seized on Monday, about two P. M. This case much resembled the last. The cramps in the legs were more severe ; the pulsation was feebler, and soon ceased entirely. He had been considerably purged ; had vomited twice or thrice, during the previous half hour, and suddenly merged into the state in which I found him—apparently *in articulo mortis*. The treatment pursued was precisely as in the two last cases ; in fact, he took no other medicine but the three phosphoric pills, and the result was equally gratifying. In twelve hours he was quite well.

Case V. Mrs. S——, aged thirty-six, Suffolk-place, Snow's Fields, of debilitated and irritable constitution ; four months advanced in pregnancy. This was a severe case, exhibiting a concurrence of the most distressing symptoms ; constant vomiting and purging ; violent cramps ; great prostration ; the evacuations and countenance truly choleraic. This was on Monday morning.

Treatment.—One of the pills every hour, until three had been taken. The symptoms persisted during the day, although the vital prostration was arrested ; in the evening this was followed by general improvement, the draining from the bowels ceased ; the cramps abated ; the vomiting subsided ; at midnight, although in the blue stage, she was not pulseless ; was free from pain, and expressed herself better. Has continued to progress, and is now out of danger.

A day or two after these notes were penned, this poor woman suffered abortion, and sunk under it.

Case VI. G. L——, aged 30, a sailor, robust and healthy ; was seized yesterday afternoon, just after having eaten a few oysters. Such was the suddenness and violence of the attack, that he was reported to have sunk on the floor as if he had been stunned by an electric shock.

At the onset, the cramps were so horrible that they "quite stopped his breath." On his being brought into our surgery, these were renewed with such fearful violence, that the sufferer could neither be kept on his seat, nor prevented from tearing off his clothes; extreme, indeed, must have been his agony. The chief brunt of the spasm appeared to occupy the femoral, abdominal, and thoracic muscles. There had been neither vomiting nor purging.

Treatment.—A draught of strong nitric acid and opium mixture immediately; no amelioration followed. After waiting ten minutes, I gave him one of the pills; the effect was immediate; so rapid was the relief experienced, that in less than a quarter of an hour the poor man walked to his lodgings, a distance of 200 yards. During the remainder of the day, he took a little weak acid-and-opium mixture, and on this (the following) morning, he called upon me quite recovered.

In addition to these briefly sketched cases, taken from my former experience, I shall now add, *more in extenso*, one of recent date, being the only instance in which I have found it necessary to have recourse to the pills during the present epidemic.

Case VII. Mr. H—, aged sixty-eight, residing in Embury street, Pimlico, of nervous temperament, debilitated constitution, and spare habit, with slight hemiplegia from an apoplectic seizure sustained twelve months ago. On Monday, August 6, about 6 A. M., he was seized with diarrhœa. When I saw him, at nine A. M., he had had a great number of copious evacuations, which, from being at first of bilious character, had now become watery, light, and flaky—almost, in fact, truly choleraic. The pulse was feeble, slight vomiting, some griping pains, and a good deal of cramp in the legs and feet. I prescribed him the nitric acid mixture, of the strength of—acid, three minims, tincture of opium, three minims and a half, to each dose. Under the use of this medicine improvement soon set in. At first the draughts were exhibited every hour; but as recovery advanced, the intervals were extended to two, three, and four hours. On Wednesday evening, he would, and did walk to some distance, which fatigued him considerably. Next morning, about half-past three, he was suddenly seized with the diarrhœa. I saw him in about an hour, and found he had had five or six profuse evacuations, and was much exhausted. He had neglected taking his medicine on the previous day, and had taken, since his attack, two small doses that had been left—apparently without any effect. I now thought I would try the effect of a cretaceous opiate draught, to be repeated in an hour. Shortly after he had taken the second draught, I received a message that the patient was dying. On reaching him, at eight o'clock, I found that the purging had been unceasing. The dejections were of

the true rice-water, or serous character, of which there was now a continuous draining from the bowels; no pain; pulse exceedingly feeble; voice lost; features pinched; diminished temperature; vomiting, thirst, and excessive prostration. I instantly gave him one of the phosphoric pills, and allowed him half a wine-glass of cold water as often as desired. Improvement soon evident. No further vomiting occurred. In a few minutes the draining from the intestines began to diminish; the pulse improved; he felt "better." The progress of amelioration continuing, at nine o'clock I gave him a dose of the acid mixture, and left him comparatively comfortable.

At ten o'clock I found little further advance had been made, and there had been an occasional oozing from the bowels. Gave him another pill. During the following hour, the improvement was remarkable and highly gratifying. At eleven o'clock, Dr. Murphy saw the case, with me, by desire of some of the patient's friends. At this time all the formidable symptoms had subsided; the countenance, voice, and pulse, had much improved; purging quite stopped, and even the thirst had nearly left him, and he only sipped a little rice-water occasionally. A dose of the acid mixture was given, to be repeated every two hours. At two o'clock I found him so much improved that I merely ordered the medicine to be continued. Evening: still better, and took nourishment. Friday morning: Doing well. At three P. M. this day Dr. Murphy and myself visited him again; all trace of the disease had left him. To have some beef tea; continue the medicine every four hours. From this time it is unnecessary to give further details. When I called on Wednesday, I found the old gentleman apparently well, save a little debility, and in his accustomed health, and he has been quite well ever since.

The above cases are submitted from a numerous catalogue of the same class, in which I have had to administer the phosphoric pills, since the date of my former communication, with the happy result, in every instance, of the patient's recovery. I admit there may be room to question whether part of this success may not have been *post hoc* rather than *propter hoc*. I have no idea of predicating for the treatment invariable success, as I believe, on the contrary, instances will unfortunately occur where life cannot be saved. However, that the remedy, judiciously used, does possess an extraordinary power over this destructive disease, in the advanced stages, when, I believe, all other means are unavailing, my experience forbids me for one moment to doubt.

In concluding this hasty communication, I venture to hope—nay, I feel confident—that should my professional brethren be thus induced to

put to the test in practice, fully and fairly; this mode of treatment—worthy as I deem it to be of such an ordeal—I shall then have done some service both to medicine and humanity.—*London Lancet.*

ART. V.—*On the Muscular Contractions which occasionally occur after death from Cholera.* Abstract of a paper read by Mr. W. F. BARLOW, before the Westminster Medical Society.

He first detailed two striking cases in which these movements occurred after dissolution, and lasted for a considerable time. The muscles of the arms, chest, and legs, and, in one of these examples, those of the face, were observed to be affected, some muscles being much more influenced than others. Some of the movements in respect of form were not unlike those of volition. In one of these cases the motions ensued two minutes after death; in the other, a quarter of an hour. In both, the muscles of the lower extremities were first affected, and the movements appeared successively in those of other parts. Two cases, very well marked, accurately observed, and presenting very similar features to the foregoing, and which had occurred long ago, in India, were referred to. The author described those more local and transient forms of the affection which were more commonly observed; the movements might be confined to the legs, the chest, the face, to a single muscle, or even to certain fibres of it. A case of cholera was on record, in which paralytic muscles had been affected by spasms. These post-mortem contractions had been stated, by an observer, to admit of excitement and aggravation by “pricking.” The writer had endeavored, in one instance well calculated for experiment, to repeat the observation, but had been unsuccessful. However, this was only a single remark, which he desired might be rated at its proper value. He had used also, water of the heat of 150° , and of a yet higher temperature, in order to discover if the motions could be either induced or affected by it; no definite result could be obtained. Probably these motions, which had as remarkably narrow a sphere of action in some cases as they had a wide one in others, would have been much more frequently met with had they been oftener sought for. Attention was directed to the terror which they had caused to ignorant persons, and persons not ignorant; they had given rise to unfounded notions of persons being buried while yet alive. They had been seen by friends, to their extreme amazement, as they were watching the bodies of their deceased relatives; and it was necessary, with the view of preventing groundless alarm and false conclusions, that all persons who might come in contact with the corpses of those

who had perished from cholera, should be informed that it was by no means extraordinary for such actions to be witnessed after death in this disease. The author had no explanation to offer of the cause or causes of these curious phenomena. For the present, they must be viewed as facts. Groundless speculations would only surround them with unnecessary mystery. He concluded by proposing a careful inquiry into all the circumstances under which they occurred; and some points were specified which it would be interesting to consider. Amongst other things, it was important to note their duration and the most protracted interval which might elapse between dissolution and their commencement.—*London Lancet*.

ART. VI.—On *Eclampsia Nutans*, or “*Salaam*” Convulsions of Infancy. By WM. NEWNHAM, Esq.

The disease which the author describes in the following pages is but little known, few, if any, cases being recorded beside the four which are appended to this essay. It appears to be one of fearful importance also, two of the four cases having ended in idiocy. The pathognomic symptom is “a peculiar bowing forward of the head,” which is repeated with greater or less rapidity, sometimes as many as a hundred times. Our space will not allow of the detail of all the cases brought forward by the author; but the characteristics of the affection are sufficiently seen in the following:—

A child, æt. 16 months, was observed on January 1st, 1839, to have a peculiar heavy look about the eyes, which was supposed to depend on the stomach, and was treated by alteratives. The peculiar nodding of the head occurred thrice on this day, but rapidly increased in number and severity. The forcible bowing of the body on one occasion took place as often as one hundred and forty times in the minute, and were apparently accompanied by considerable suffering. They were followed by exhaustion and disposition to sleep.

About the middle of March the right arm and leg were observed to lose power, and ultimately became paralytic. By the middle of April she had ceased to be able to crawl, and her countenance indicated cerebral distress. This increased till the end of May, at which time she often awoke with violent screaming and spasm of the whole body, the head being first thrown back, and then bowed violently to the feet, which were also drawn upwards. The child then fell into uneasy slumbers. There was much sluggishness of the bowels. On the 27th of May she fell into a comatose sleep, which lasted some hours. This

was repeated on the 29th. From this date improvement commenced, and the attacks were suspended till the 21st of June. After this there were slight bowings, and on the 9th of July they increased in severity for three weeks, when they ceased. During this whole time she made no intellectual progress, and when three years old was backward as a child of two. At a more advanced age the same was observed. She appeared a retiring girl, of an intellect below the age. The treatment was at first tonic. Zinc was given, under the impression that the disease was allied to chorea. Subsequently the bichloride of mercury was given in $\frac{1}{16}$ grain doses, and aperients. Latterly the mercury was omitted, and at the time of her ultimate improvement, no medicine was given to which it could be attributed.

In his commentary on the above and three other cases, Mr. Newnham remarks that the disease appears to be spinal in its origin, though cerebral symptoms are superadded subsequently. The effect on the mind is marked and invariable, though not to the same extent in all cases. Of the four cases recorded only one recovered, and that not perfectly. In addition to the induction of mental imbecility, paralysis has been a consequence, either in the form of paraplegia or hemiplegia. It is to be remarked, that in each case the severe attacks of "bowing" have been preceded by sleep, and the severity seemed in proportion to the depth and duration of the sleep.

The author notices an evident alliance to this disease with epilepsy; tetanoid symptoms also occur during its progress. Speaking of the causes, he looks upon irritation of the pneumogastric nerve as a possible, but not the essential cause. In the same category of unproven causes, he would place irritation of the spinal nerves by the presence of worms. The essential nature of the disease is considered by Mr. Newnham to be inflammatory action of a low or strumous character, commencing in the membranes of the medulla oblongata, and extending to the membranes covering the base of the brain. This inflammation he conceives to be followed by exudations of lymph and serum, the pressure of which produces paralysis. The nutrition of the brain is also interrupted.

The author's views of the treatment are based on this view of the pathology of the disease. He would avoid depletion, subduing high action, if necessary, by antimony. He would then give alterative doses of hydr. c. creta, and the iodide of potass with excess of potass or sarsaparilla; if the child were anæmic, he would add some form of iron. He approves of some form of counter-irritation, and prefers the seton. Among auxiliary measures he refers to lancing the gums, the avoidance

of all mental excitement, the warm bath, keeping the head free from covering, causing the child to sleep on a hard pillow, and taking care that the child be not rocked to sleep previously to being placed in bed. The diet should be light and digestible, but at the same time nutritious. The meals neither too close together, nor too far apart. Acidity of the stomach is to be avoided. Air and exercise are also mentioned as important adjuvants.—*British Record of Obstetric Medicine*.

ART. VII.—*On the Nutritive Properties of Fish Oil*. By ROBERT DRUITT, F. R. C. S.

Of the virtues of cod liver oil there can be now no question; and it seems capable of doing two things. In the first place it fattens and adds to the bulk of the body; and, in the second place, it gives nutrition a better turn, as it were; it makes the fluids and solids healthier, as well as bulkier, and enable them to throw off a variety of cachectic derangements. These useful qualities have been partially accounted for on the supposition that they are due to a minute quantity of some biliary principle contained in the oil. This supposition seemed to me extremely improbable, especially on considering the numerous adulterations to which the oil was liable; and accordingly I determined on making a few experiments on the subject, the results of which I beg to forward you.

For this purpose I applied to my oilman for some specimens of the purest and sweetest lamp oil, and procured several varieties of whale and seal oil, decidedly fishy and rank in flavor, but not rancid or oxydized or putrescent. In fact, the flavor of the oil commonly called "southern oil," the produce of the black whale, which I chiefly employed, is not disagreeable to any one who is free from fancies on the subject; and if mixed with three or four parts of almond oil, is not a whit more offensive to the taste than the common *oleum jecoris aselli*.

Cases I. and II.—Two brothers, S., aged 3 and 5, flabby, pasty children, each suffering from pustular eruption on the head and face. A wound made on the head of one of them a week since had degenerated into a flabby sore. No deficiency of food. Both take a teaspoon full of seal oil three times a day in lemonade. Their mother reports that they were excessively fond of their medicine; they took it for a fortnight, when the skin of each was quite healthy, and complexion clear.

III.—J. W., a pale, unhealthy child, aged $2\frac{1}{2}$ years, subject to pustular eruptions on the face. Cured by the same dose of southern oil

thrice daily for a week. Cured far more readily than on former occasions by calomel. Likes the oil extremely.

IV.—J. L., a miserable child ; glands in neck greatly enlarged ; purulent discharge from ears ; abdomen swelled and hard. This child got better under the use of sea oil, but did not take it regularly enough to make the case of any value.

V.—J. E., aged 2, subject to skin disease from birth ; his mother has had syphilis ; his complexion peculiarly pasty and sallow. Took southern oil in the above doses for a month. Greatly improved in flesh and complexion ; but at the end of the course had an attack of eczema in the arms.

VI.—W., æt. 30 ; subject to sciatica. Took the southern oil ; is certain that it has done him much good.

VII.—J. W., æt. 36. Was largely bled for acute rheumatism a twelvemonth since. He has never recovered flesh or strength, and is racked with pains in the back and shoulders. Took cod liver oil for a month with benefit last May ; left it off during the summer ; became thinner and weaker. Took southern oil in the dose of two drachms thrice daily for three weeks ; likes it much ; feels stronger, and looks as decidedly fatter and better in condition as he did from the cod liver oil.

VIII.—Mrs. P. suffered from puerperal mania whilst sucking last autumn ; has continued anæmic and despondent ; has taken every form of mineral and vegetable tonic with temporary benefit. Took southern oil for three weeks, is unmistakably plumper, clearer in complexion, and in better spirits.

IX.—J. M., a sallow child, æt. 4, took the southern oil for a week, for impetiginous eruptions on the face and legs. The improvement in flesh and clearness of complexion was extraordinary, and the eruption nearly disappeared.

These few cases do not prove much ; but, so far as they go, are satisfactory. No one who had seen the children above-mentioned, before and after their course of oil, could doubt that a most beneficial change had been wrought by something. The great delight which the little wretches took in their dose is another point worth noticing. I would therefore suggest, that it is well worth while to make a fair experiment on a large scale, to determine whether it is fish oil in general that does good, or only the cod's liver. If, as I believe, almost any kind of fish oil will answer the purpose, then many of the poor will be able to use the cheaper kinds, who could not afford the nicer but more costly cod-liver oil.—*Medical Gazette*.

SURGERY.

ART. VIII.—*Lithotomy during Labor.*

Dr. MONAD related the following case at a late meeting of the Surgical Society of Paris :

The patient, forty years of age, was pregnant for the first time, and had arrived at the natural term of gestation. After the evacuation of the liquor amnii, the labor did not progress, in spite of very sharp pains ; and it soon became evident that the expulsion of the foetus was prevented by a large tumor in the vagina, situated in its anterior wall. The tumor was hard ; it closed almost completely the orifice of the vagina, and it was easy to perceive, by the consistence, form, situation, and mobility of the swelling, that it was formed by a stone lodged in the bladder. The diagnosis was rendered still more conclusive by the introduction of a catheter, which was passed, however, with great difficulty, owing to the displacement of the urethra. Dr. Monad introduced the index of his left hand under the tumor, with the pulp of the finger looking towards it, and gliding a common straight bistoury along its natural director, he made a vertical incision upon the tumor. This incision proved somewhat difficult, owing to the inequalities of the calculus. The hæmorrhage was rather large, but soon stopped. The author then tried to seize the stone with forceps, but finally succeeded in removing it with his fingers only. The stone weighed almost three ounces, and was very hard. The patient had been placed under the influence of chloroform, and was delivered by the forceps while still in an anæsthetic state. The child was alive, but soon expired, the forceps, as it is feared, having pressed against a fold of the chord which surrounded the neck of the foetus. The woman has done very well ; and five days after the operation, the urine was passing along the urethra, without any trickling through the wound.—*London Lancet.*

ART. IX.—*Prophylactic Syphilitic Inoculation.* By M. DIDAY.

Some time ago, when syphilis was fancied to be incompatible with cholera, a person gravely proposed to spread syphilis by inoculation, and to poison the community wholesale, in order to guard them against cholera. We perceive, now, that M. Diday, lately surgeon of the Venereal Hospital of Lyons, has a plan pretty similar to the above, for shielding young people from the effects of syphilitic virus. He pro-

poses no less than to inoculate people with the venereal disease, on the same principle upon which the inoculation for small pox was grounded. M. Diday says, that constitutional syphilis attacks a man but once in his life ; and from the analogy of small pox, measles, scarlatina, &c., &c., he concludes, that by artificially developing syphilis in an individual, the latter would be free from the danger of contracting the disease again. These ideas were presented to the Academy of Sciences, on the 10th of September, and the experiments upon which the theory is grounded are as follows .

Sixteen patients, laboring under recent chancres, and who never had had secondary syphilis, were inoculated with the blood taken from the node of a man suffering from tertiary syphilis. The wounds healed without any notable inflammation ; and six months afterwards, none of the patients, excepting one, presented any secondary symptoms. M. Diday explained the exception by stating, that the only patient who had the secondaries had been affected by an indurated chancre. These experiments, even if strictly correct, would merely give additional proofs of the truth of M. Ricord's views, who maintains that none but indurated chancres contaminate the system ; but they bear very little upon the wild project of inoculating syphilis to prevent its recurrence in the same subject.—*Ibid.*

ART. X.—*New Operation for Vesico-Vaginal Fistula* By M. JOBERT.

M. Jobert, Surgeon to the Hospital, St. Louis, has introduced an operation for this hitherto intractable accident, and which he designates “Autoplastie par glissement,” and by which he has succeeded in effecting many perfect cures. The following part or stages constitute this new operative proceeding :

1. The patient is placed on her back, the pelvis approached to the edge of the bed or table, and the thighs flexed as in the operation for lithotomy. The walls of the vagina are to be separated by means of a univalve speculum and curved levers prepared for that purpose. The cervex uteri is then to be laid hold of at the point of insertion of the vagina, by a pair of hooked forceps, furnished with a rack at their handles, and being drawn down to the vulvæ, is maintained in that position during the entire operation.

2. A semi-circular incision detaches the incision of the vagina from the cervix uteri. The two lips of this incision instantly separate, leaving a bleeding surface about one inch in width. The vagina with a gliding movement slides spontaneously forward, whereby the lips of the

vesico-vaginal fistula are approximated, and the loss of substance repaired.

4. The edges of the fistula are then to be pared with a bistoury or scissors. The *mucous membrane* only is to be removed, to the extent of about one centimere = one-third of an inch. It is important to remove only the mucous membrane, in order that further loss of substance be not incurred; and it is equally important to secure a sufficiently extensive bleeding surface for subsequent union.

4. The cut edges are next to be brought together by interrupted sutures, each at the distance of about one-third of an inch, leaving so much of the ligatures as shall facilitate their removal at the proper time.

5. If any gaping of the edges of the fistula should remain, it is also important to remove this by superficial incisions on either side of the fistula.

6. Hemorrhage is to be restrained by a plug of tampon introduced into the vagina, and which is to be removed in a day or two, perhaps on the next day.

7. An elastic catheter is to be introduced and retained in the bladder. The patient must retain the recumbent posture, with the legs raised on cushions, until union has taken place.—*Bulletin de Therapeutique*, Fevrier, 1849.

ART. XI.—*Conclusions respecting Laryngotomy in Croup*. By F
CHURCHILL, M. D.

1. That the larynx is not mechanically closed by false membrane; that in all cases, as Dr. Cheyne has remarked, there is sufficient space for the access of the air; that if the larynx be closed, it must be by spasm in addition to the exudation; and that, therefore, to attempt relief by a mechanical operation would be superfluous, to say the least of it.

2. That it is extremely difficult to say that exudation has taken place, and still more to fix the limits of it, and pronounce in any case that it has not extended below the larynx; and yet upon this depends the utility of the operation; for—

3. If the false membranes have extended below our incision, the operation, being purely mechanical, can afford no relief, but may seriously add to the danger.

4. Bronchitis or pneumonia may exist at the time of the operation,

or may very likely arise very soon after, and render it altogether useless.

5. The operation itself is not without danger, nor quite so easy as has been stated, especially with young infants. In addition to hemorrhage and escape of blood into the trachea, the patient may be attacked by prolonged syncope, asphyxia, or convulsions, as occurred in M. Trousseau's practice, and occasionally either of them may prove fatal.

6. That the risk of inflammation and other accidents after the operation is very considerable, and materially diminishes its value.

7. That the results of the operation hitherto, although successful to a considerable extent, are not sufficient to justify our having recourse to it under ordinary circumstances. "If," says Mr. Porter, "it were possible to place a host of those cases in which bronchotomy had not proved serviceable, in array against those wherein it had seemed to be useful, it would scarcely be necessary to advance any further argument in proof of its uncertainty.—*On Dis. and Inf. of Childhood*.

ART. XII.—*On the treatment of Chronic Inflammation of the Bladder, by Injections of Nitrate of Silver.* By R. M. McDONNELL, M. D.

The patient being placed either in the erect position or on a sofa, a gum-elastic catheter, about the size of No. 9 or 10 (Weiss), introduced, and water at the temperature of 98° Fahr., is injected through this into the bladder, by means of a caoutchouc bag, or what I prefer, a syringe, with a "three-way valve," by which the fluid can be drawn back from the cavity if necessary. After the bladder has been completely cleansed of any fetid urine and mucus which may be contained in it, the solution of the caustic, being heated to the same degree, is to be introduced in a similar manner, and allowed to remain there for about one minute, care being taken, by compressing the urethra, to prevent its being forcibly ejected by the violent straining that is certain to be induced. The quantity of water or solution should never exceed four ounces, for though the bladder in its healthy state is capable of containing nearly a pint and a half of urine, without being over distended, yet as the quantity it is able to contain in severe chronic inflammation seldom exceeds a few table-spoonfuls, the bladder accommodates itself to its diminished contents, and gradually becomes smaller, and consequently a large injection would act injuriously in two ways—by over-distending the organ, or by passing up into the uterus. In fact, we find it unnecessary to use a larger quantity of the solution than I have mentioned,

for it requires some address to introduce even that amount without resorting to force. The patient is then ordered a warm bath, and should the urine become bloody, or mixed with shreddy concretions, he should use frequent fermentations or anodynes. But these symptoms seldom last more than a few hours, and our patient should always be informed that such consequences are likely to be the immediate effects of the operation.

The strength of the injection has seldom to be increased beyond five grains to the ounce, although in one instance, that of an old gentleman, aged seventy-two, I had to increase the strength *gradually* to ten grains to the ounce before a satisfactory result was produced. It is, however, always better to commence with a weak solution, which may be made stronger, according to the circumstances of each case, and the judgment of the practitioner. Some of my patients have hesitated about undergoing treatment by injections, in consequence of their advanced age; but though the disease is not in such cases so easily cured, as in the young subject, it is still in the great majority of instances remediable by the same means, as was proved by the great relief obtained by a patient aged *seventy-six*, who was under my care in the Montreal General Hospital, within the last month, into whose bladder I injected, on two occasions, a solution of nitrate of silver, two grains to the ounce. He left the Hospital on his own accord, May 23, quite free from his former complaint.—*N. Y. Jour.*

OBSTETRICS.

ART. XIII.—*Pathological Relations of Spasmodic Contractions of the Uterus.* By W. TYLER SMITH, M. D.

The following philosophic resume we extract from Dr. Smith's late work. The resemblance between rigidity of the os uteri and the most simple form of encysted placenta—namely, sphincteric closure of the os uteri with retention of the placenta—is at once obvious. The same contracted state of the os uteri is present in inversion, after the uterus has descended through the os uteri. In the form of encysted placenta, or irregular action of the uterus, constituting hour-glass contraction, we have precisely the same condition of the middle portion of the uterus as that which obtains in the second stage of *inversio uteri*. In simple hour-glass contraction, the cavity of the uterus is divided into two parts by the contraction of the middle portion of the organ; but when owing to irregular action of the fundus, this part of the organ descends into the cavity of the uterus, and the hour-glass contraction then occurs, the

fundus uteri is seized by the contracting ring of the uterus, borne down through the os uteri and vagina, and inversion is thus rendered complete. After the inversion, the os uteri, which dilates to allow the inverted uterus to pass, becomes firmly contracted. Again: all these abnormal actions, occurring after delivery, are but modifications of excessive after-pains. In severe after-pains, it is easy to feel with the hand that the uterus becomes hard and prominent at particular points, and soft and depressed at others. From these irregular contractions, the more serious irregularities of uterine action arise. Sphteric closure of the os uteri prematurely, is the most simple derangement; next comes the annular contraction of the upper part of the cervix, or the body of the uterus, in hour-glass contraction; and lastly, the phenomena of inversion, which is the most compound of all these disordered actions. Thus rigidity of the os uteri, encysted placenta, inversion of the uterus, hour-glass contractions, and excessive after-pains, are merely modifications of irregular uterine action, and they are all convertible one into the other. —*New York Journal of Medicine*.

ART. XIV.—*Puerperal Convulsion; their Dependence on Toxæmia*. By
J. ROSE CORMACK.

Dr. Cormack detailed the history of three cases of puerperal convulsions which had occurred in his practice. The main object of his paper was to point out the connection between renal congestion and puerperal convulsions, which exists in a very great proportion of cases. He considered puerperal convulsions to be—though not always, yet generally—the toxicological results of non-elimination of the excretion of the blood; and that, in by far the greater number of cases, this non-elimination depends on renal congestion, caused by the pressure of the gravid uterus. Œdema and albuminuria are frequent concomitants or precursors of convulsions, as shown by Dr. Lever and by MM. Devilliers and Regnault. The gravid uterus, or any tumor pressing on the renal veins, must cause congestion of the kidneys, and consequent toxæmia; and this is the more injurious to the pregnant woman, as her blood requires an extra degree of depuration, both from excrementitious matter of the fœtus, and also from the elements of milk. Retention of these should, Dr. Cormack thought, be considered as the cause not only of convulsions, but also of various other distressing symptoms occurring during pregnancy. Uterine epilepsy probably often arises from toxæmia; and the suppression of the alochi may induce post-partum puerperal convulsions. When convulsions occur after delivery, we must suspect

structural renal disease. The explanation of delivery generally arresting convulsions is not so much that uterine irritation is lessened, as that the hyperæmic state of the kidneys is relieved. The most common subjects of puerperal convulsions are strong, healthy young women, pregnant for the first time; and an examination of the cases recorded by authors proves this fact. In them, the abdominal walls are most unyielding, and unable to relax under the pressure of the gravid womb. Cases of puerperal convulsions in subsequent pregnancies might be either toxæmic or non-toxæmic; the toxæmic cases might be classed under the following heads:—1. Persons who had never gone to the full time. 2. Persons of extreme muscular development. 3. Persons suffering from structural disease or obstruction of the kidney. 4 Excessive volume of uterine contents, including twin cases, &c. Dr. Cormack was desirous of drawing attention to toxæmia as a cause of puerperal convulsions, and also of recognizing non-toxæmic convulsions. He thought that Dr. Tyler Smith, who had treated this subject more philosophically than any preceding writer, had, while recognizing toxæmia, attached too little importance to it.—*Med. Gaz.*

ART. XV.—*Treatment of Sterility. A new Instrument for deobstructing the Fallopian Tubes.* By DR. TYLER SMITH.

This instrument, in the use of which the speculum is always required, consists of a small silver catheter, bent like the uterine sound, to adapt it to the curve formed by the uterus and vagina, and having a sudden lateral curve at the distal extremity, to the right hand or to the left, so as to point, when *in situ*, to the uterine mouth of the Fallopian canal, which it is proposed to examine. Through the catheter, a fine, flexible, whalebone bougie is passed, so as to project at its Fallopian extremity, the instrument represents accurately the singular direction taken by the generative canal, from the mouth of the vagina to the fimbriated extremity of the tube. This novel operation proposes to bring an important organ under treatment, which has hitherto been removed from all interference, but is one requiring extreme caution in its employment.—*Lon. Med. Jour.*

ART. XVI.—*On the use of Ergot or Rye in the third stage of Labor, and the Treatment of Hour-Glass Contraction of the Uterus.* By S. MONCKTON, M. B., &c., Brenchley, Kent.

In the LANCET for June is a paper by Dr. M'Gregor, upon "The Use of the Secale Cornutum in the Third Stage of Labor," on which, if comparative inexperience did not render it somewhat presumptuous on my part, I would pass the stricture once applied by Blumenbach to the then nascent system of phrenology:—"Herein do I discover much that is new and much that is true; but, unfortunately, the new is not true, and the true not new." The profession at large is well aware that the applicability of ergot does not cease with the birth of the child; that circumstances may arise to render its exhibition both hopeful and appropriate after this period; but I do think experience would tend to circumscribe within much narrower limits than those assigned by Dr. M'Gregor, the class of cases likely to require, or be benefited by, the employment of ergot in the third stage. Premising, Sir, that these observations are really penned in a candid and liberal spirit, I will, with your permission, offer a few remarks on some portions of the paper in question.

The use of ergot in the first stage is spoken of, more than once, as orthodox and beneficial. Allow me to suggest a doubt of its being either one or the other. Dilatation of the os uteri is a two-fold process, comprehending in addition to the tensive and expanding efforts of the womb, more or less of gradual and active resolution in the tissue of the os itself, precisely analagous to that softening and relaxation that we find to take place in the os externum and vagina, before any mechanical distention, by head or otherwise, has been brought to bear upon them. If this preparation be incomplete—i. e., if the os be still dense and indisposed to yield, the exhibition of ergot will be dangerous. Time alone, under ordinary circumstances, time and opium where there is much irritability, are the indications where, on the other hand, the os uteri has been so far relaxed as to require for its expansion the lightest touch only of the fingers or the head. The first stage may, in fact, be regarded as complete, and a dose of ergot sometimes be admissible, with a view of accelerating the commencement of the second.

The doctor then proceeds to recommend its employment in the three following cases, where we have retained placenta, from inaction, irregular contraction, or morbid adhesions. Simple inaction is so readily over-

come, after a few minutes rest, by a slight traction of the cord and titillation of the os, with one hand; and a simultaneous but gentle compression of the uterus, with the other; that no possible necessity appears to exist for the introduction of a different practice. If the inaction depend upon sluggishness, we supply in this way, what alone the ergot can give—a stimulus—if, upon exhaustion, we afford likewise assistance and support. The employment of the hand, too, has another decided advantage over that of the drug, inasmuch as the amount of interference may be, and is, adjusted to the requirements of the case—from the simple ascertaining that “all is right” to the active removal and firm compression required in hæmorrhage. The ergot will most likely do nothing; but it may inflict many hours’ unnecessary pain. I do not say that in these cases, hæmmorrhagic or otherwise, it should not be made use of as an adjunct; on the contrary, I very frequently employ it myself; but I do submit that the man is foolish who relies upon it much, and culpable who trusts it alone. Dr. M’Gregor appears to overrate, and that considerably, the pain and ineligibility of the manual process, a portion of which must be gone through, even if we employ successfully the ergot of rye. The custom of awaiting for three hours the natural expulsion of the secundines is, too, so singularly foreign to the ideas and practice of myself and medical neighbors, that we really seek in amazement some proofs of its propriety or advantage—a quest assuredly not satisfied by the cases of Dr. M’Gregor, wherein it appears that his time and the woman’s blood were alike sacrificed, simply for the purpose of employing, after the lapse of some hours, means equally available in the first instance.

The question of hour-glass and irregular contraction is one of much importance, from its probable connection with many cases of severe hæmorrhage, and unfortunately requires for its discussion a larger amount of experience and observation than I can bring to bear upon the subject.

Any amount of spasm occurring so as to retain and incarcerate the whole placenta, or even the greater portion of it, appears to be always located in the os and cervix; and I have observed it repeatedly in connexion with a certain series of antecedents, in this way. There will be in the first instance—i. e., in the first stage, an unusual amount of substance, tonicity, and resistance about the os and cervix; the liquor amnii is discharged early, from the natural activity of the uterus; the employment of ergot; the interference of the accoucheur; pushing up the edges of the os over the head, and so forth; or from some similar cause the head at last enters the aperture suddenly, and the os becomes impalpa-

ble; here ensues a little delay. The pains are active, the passage is free; but the advance of the head is not proportionate, because it is gripped from the chin round to the occiput by the lower fibres of the uterine, which in this way counteract the pressure of its superior portion. Presently the head does sweep the pelvis, and is again delayed at the os externum, not from any actual impediment in this situation, but from a transference of the stricture to the body and shoulders. Shortly, however, with slight assistance, the child is expelled *per saltum*, the cord appearing to be very short. In a few minutes, unless prepared by these consecutive phenomena, the accoucheur, on attempting to glide his fingers up the cord, is astonished to find all access to the placenta cut off by firm annular contraction. How, then, is he to proceed? If he can insinuate two or three fingers, let him do it, (in any case, I think, at once—assuredly so if there be hæmorrhage,) keep up a dilating effort, disregard the root of placenta, and lodge some portion of the edge upon the palmar surface of his fingers; with a little coaxing of this description you can extrude the placenta by pressure from without as you would the contents of an atheromatous tumor. This is always a proceeding of some pain and difficulty, but in my little experience—half-a-dozen cases—it has never proved so to any remarkable extent.

Many other points might deserve mention, but I merely allude to, without pretending to describe, the execution of this particular office. Once in my hands, when used experimentally, the ergot proved a signal failure. After a sequence of preliminaries as above described, occurring in a tradesman's wife, I found myself confronted by a very close, convulsive—i. e., irritable—stricture, pretty high up, without hæmorrhage, and no portion of the placenta to be touched. The pains being unusually regular and active, I determined to see what half an hour would bring forth; this proved to be nothing. I then administered a full dose of *secale cornutum*, which induced, during the next half-hour, severe and almost unceasing uterine efforts; finding, still, placenta, stricture, &c., precisely *in statu quo*, I gave nearly a drachm of *laudanum*, (this was just prior to the appearance of chloroform upon the stage,) and with extra caution, the fibres being irritable, soon employed successfully the ordinary manual method. What effect a repetition of the ergot might have had in a few hours, or the next day, I am not prepared to determine; if you employ patience as a vehicle for your medicine, opium doubtless deserves the preference.

There is another form of partial contraction incident to the uterus, not so readily recognised by vaginal examination, but manifesting itself as a lobulated, uneven surface, to be felt above the pubes, instead of the

ordinary globose figure of the uterus. To this condition, or a parallel one, I presume Dr. M'Gregor alludes. Gentle moulding and steady compression appear to be *the* remedies. There seems some ground for the apprehension that an early exhibition of ergot in such a case would be quite as likely to irritate and keep up the already existing local spasms as it would be to make them "merge into a general contraction of the entire substance." First model and reduce the uterus, then promote its firmness and further diminution by ergot if you like.

Upon the subject of morbid adhesions, again, much already said might be repeated, when really nothing but the skilful and deliberate employment of the fingers, or, failing this, the solvent action of incipient putridity, can avail us. Irritation, compression, and ergot, may assist, and ought to be employed; on the whole, adhesion of placenta is a condition much more frequently spoken of than met with. I have never seen it except to a very limited extent, involving, perhaps, one cotyledon; and Dr. M'Gregor must pardon my suggesting a doubt as to the nature of his case No. 1, which was probably one of partial separation without adhesion at all.

As an epitome, then, of the claims of ergot, I think we may venture to assert, that in every six instances of its employment it will be in two needless, and in two useless; in one more, perhaps efficient only as an adjuvant, or by performing for us what we might equally well have performed without it. Its capability of acting⁷ appears to diminish in a direct ratio with the increase of necessity for its doing so; when the uterus is acting, or disposed to act, this drug will frequently augment its efforts; when the organ is thoroughly inert, the drug appears to be so likewise. Let the womb be lax, the functions failing, blood flowing, and woman fainting, and ergot will almost never stand you in stead. After other, and far more energetic, treatment has fairly arrested the chariot of death, it is a satisfaction, and may be an advantage, to maintain contraction by a full dose, to induce the uterus, in this way, by progressive efforts, to withstand the impulse of the rising circulation.

These very thoughts have often occurred to me with reference to another expedient, eloquently advocated by Dr. Rigby,—application of the baby to the breast; once get an urgent case, in which the resource would be really valuable, and you are sure to find the infant dead or refusing to suck; the breasts inaccessible for stays and envelopes; the woman insensible to mental emotions, or the uterus not susceptible of its wonted sympathy. In fine, both plans are striking and feasible enough to enunciate, but, in too many instances, like Mokanna's miracles, they lack to be true.—*London Lancet.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

I.—*Surgical Anatomy*. By JOSEPH MACLISE, Surgeon, with colored plates. Part 1. Philadelphia: Lea & Blanchard.

The object of this truly splendid work, is to afford the student and practitioner a demonstration of the relative anatomy of the principal regions of the human body. It is not to be imagined that this is another blossom of the tree of mere *surgical* anatomy; it is almost of as much use to the physician as the surgeon; take, as an example, the two first exquisite plates of the thoracic viscera, portraying the form of the thoracic cavity, and the position of the lungs, heart, and larger blood-vessels. Plates 3 and 4 present views of the superficial cervical and facial regions, and the relative position of the principal blood-vessels, nerves, &c. Plates 5 and 6 give the surgical form of the deep cervical and facial regions, 7 and 8 the relative anatomy of the subclavian and carotid regions. The next pair are occupied with the surgical dissection of the sterno-clavicular or tracheal region, and the relative position of its main blood-vessels, nerves, &c., followed by two plates displaying the relative order of the parts contained in the axillary and brachial regions; on plates 13 and 14 appear comparative views of the surgical form of the male and female axillæ, and then come the views of the surgical dissection of the bend of the elbow and the fore-arm. Sixteen folio plates, admirably drawn and colored, with references, and commentaries on each, of a most original and practical character; and all this for the low price of \$2—the whole work to be complete in three more similar parts, at the same price. Nothing but an unusually extended sale can remunerate the enterprising publishers for the production of a work like this.

The accuracy and fidelity of the drawings reflect the highest credit on Mr. MacLise, both as an anatomist and an artist. He deserves especial credit for not having attempted to show too much in one plate, preferring to give only as much as can really be advantageously brought into view at one time. Besides this great merit, the neighboring parts not absolutely concerned in the dissection, are represented in their natu-

ral condition ; for as the author justly observes, “ the unbroken surface of the human figure is as a map to the surgeon, explanatory of the anatomy arranged beneath ; my object was to indicate the interior through the superficies, and thereby illustrate the whole living body which concerns surgery, through its dissected dead counterfeit.”

From the preface we segregate the following trite remarks ; had we space, we should feel inclined to reprint the whole : “ It is wholly impossible for any one to describe form in words, without the aid of figures. Even the mathematical strength of Euclid would avail nothing, if shorn of its diagrams. The professorial robe is impotent without its diagrams. An anatomical illustration enters the understanding straightforward in a direct passage, and is almost independent of the aid of written language. A juncture of form is a proposition which solves itself. It is an axiom encompassed in a frame-work of self-evident truth. The best substitute for Nature herself, upon which to teach the knowledge of her, is an exact representation of her.”

Again, how much truth is there in the following : “ except the human anatomist turns now to what he terms the practical ends of his study, and marshals his little knowledge to bear upon those ends, one may proclaim authropotomy to have worn itself out. Dissection can do no more except to repeat Cruveilhier. And that which Cruveilhier has done for human anatomy, Muller has completed for the purpose of physiological interpretation of human anatomy ; Burdach has philosophised, and Mændie has experimented to the full upon this theme, so far as it would permit. All have pushed the subject its furthest limits, in one aspect of view. The narrow circle is foot-worn. All the needful facts are long since gathered, sown, and known. We have been seekers after those facts from the days of Aristotle. Are we to put off the day of attempting interpretation for three thousand years more, to allow the human physiologist time to slice the brain into more delicate atoms than he has done hitherto, in order to coin more names, and swell the dictionary ? No ! The work must now be retrospective, if we would render true knowledge progressive. It is not a list of new and disjointed facts that Science at present thirsts for ; but she is impressed with the conviction that her wants can alone be supplied by the creation of a new and truthful theory—a generalization which the facts already known are sufficient to supply, if they were well ordered according to their natural relationship and mutual dependence. The comparison of facts already known must henceforward be the scalpel which we are to take in hand. We must return by the same road on which we set out, and re-examine the things and phenomena which, as novices, we passed by too lightly.

The traveled experience may now sit down and contemplate—the present state of knowledge proclaims the Newton of physiology to be yet unborn. The iron scalpel has already made acquaintance with not only the greater parts, but even with the infinitesimals of the human body ; and reason, confined to this narrow range of the subject, perceives herself to be imprisoned, and quenches her guiding light in despair. Originality has outlived itself ; and discovery is a long-forgotten enterprise, except as pursued in the microcosm on the field of the microscope, which, it must be confessed, has drawn forth demonstrations only commensurate in importance with the magnitude of the likeness there seen.”

The truth of the above remarks, is, we trust, becoming mighty and prevailing ; and may the advent of the “Newton of physiology” not be postponed until our hearts do sicken with deferred hope. The character of the age is stamped upon the science of the age ; the watchwords of this present are—“experiment and observation ;” all is change, transition—men are too restless to *think*, as in older times ; they rush from the microscope to the laboratory, from the laboratory to the dissecting room, and thence to the hospital, apparently making vast progress—wonderful discoveries—transacting a huge amount of scientific business—and yet they are in fact scarcely doing more than *being amused*, having their organs of observation and love of the marvellous abnormally excited, to the imminent damage of those of judgment and reflection ; and while such continues to be the case, we shall look in vain for any really great theories which have been “*thought up to*,” as Newton aforesaid quaintly expressed himself, of the result of his own labors. May we hope that Maclise, with Draper, Owen, Paget, and a few more of the like sort form the pioneer corps of the army of thinkers that are following their trail. For sale at Whiting & Huntington’s.

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- 2.—*Principles of Human Physiology, with their chief applications to Pathology, Hygiene, and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., &c., &c. Fourth American edition. Philadelphia. Lea & Blanchard : 1850. pp. 750 8vo.

For this fourth edition of an admirable work, now indeed become classical, the profession is indebted to the liberality and enterprise of the well-known firm whose names appear above as publishers, and who made it worth the author’s while to prepare it specially for their press, before the exhaustion of the last English edition had rendered it necessary to issue a new one. This circumstance has enabled the author to

lay before his American readers his latest views on those subjects to which he has for some time paid a particular attention, as well as the results of the recent inquiries of other laborers in the same interesting field.

Among the novelties of this edition may be mentioned the new view of the constitution of the cerebro-spinal centres, "essentially based on the doctrines of Messrs. Todd and Bowman, though differing from them in some important particulars," being founded on the results of the author's own enquiries, which have "led him to relinquish certain parts of Dr. Marshall Hall's doctrines long advocated by himself."

The author has adopted the views of Bischoff on the subject of Generation, having satisfied himself that those of Barry are no longer tenable; and besides considerable increments to the chapters on Primary Tissues, and on Nutrition, has made a very considerable amount of *minor alterations and additions*. The work in its present condition may be considered to "exhibit, on the whole, a faithful reflection of the present state of Physiological science." (For sale by Whiting & Huntington.

3.—*A Practical Treatise on the Diseases of Children*. By D. FRANCIS CONDIE, M. D. Third edition, revised and augmented. Philadelphia: Lea & Blanchard. 1850. pp. 703, 8mo.

To review a work like this, which in so short a space of time has run into a third edition, will be regarded by every reader as a work of supererogation; we therefore content ourselves with announcing, that very considerable additions have been made to it—among others a whole chapter on Epidemic Meningitis; that the author has transferred to his pages the numerous valuable pathological, as well as practical observations which have appeared in the journals of Europe and America, first duly examined, compared, and digested; and having had the advantage of long and extensive practice, with unusual opportunities for the clinical study of the diseases of early life, he has in truth produced "a practical treatise on the diseases of children;" a veritable pædiatric encyclopædia, and an honor to American medical literature. For sale by Whiting & Huntington.

3.—*Food and Climate considered in reference to each other.* An Attempt to Solve the Problem of the Natural and Proper Food of Man. By PHILIP HARVEY, M. D.; Zanesville, 1849. pp. 110, 12 mo.

We have perused this little work with unusual interest. Its object is to show that the same kind of food is not adapted to man under all circumstances; that under some, a purely vegetable diet, or nearly so; under some, an almost exclusively animal; under some, a mixed is the proper one; and that he will find in the varieties of climate and temperature, criteria by which his selection may be guided. The author very justly complains of the neglect with which the subject of dietetics is treated, not only by the million, but by the guardians of their health. He speaks, too, as one having experience, having put to the test of experiment, on his own person and family, different modes of diet. He found, for example, that by confining himself to a purely vegetable diet in a climate so changeable as Ohio, he not only suffered unusually from cold, but that the digestive powers became so impaired, that he experienced severe attacks of gastrodynia, pyrosis, and duodenal dyspepsia, a circumstance which quite tallies with our observations on the effects of similar diet.

The second chapter is occupied with remarks on aliment, the apparatus of digestion, and its physiology; the diversities of man's condition, and necessity for diversities of food, &c., in which many facts are brought together bearing on the subjects discussed, *and in themselves of great practical interest.* Animal heat, and the influence of the character of the food in its production, forms the subject of the third chapter, which is highly suggestive and interesting. The fourth treats of warm and temperate climates, and the diet suited to such, with the effects produced by unsuitable food; the fifth, of the natural state and food of man. In the sixth chapter we find some critical remarks on the varieties and diseases of the human race, and how far they are dependent on food and climate, or are influenced thereby; the seventh is on drinks, liquid aliments, stimulants, &c., and the eighth and concluding one, presents the reader with additional facts, illustrations, proofs, miscellaneous observations and deductions. We segregate a few paragraphs.

"It has now been made sufficiently apparent, probably, that man's constitution is particularly adapted to a warm climate and a vegetable diet; and that such was his primeval state; that the extension of his race into the colder regions has begot the necessity for the use of animal food, which should accordingly be principally limited to the necessary purposes of combining warmth with nutrition; that in the very cold cli-

mates it must be used largely; in the very hot ones abstained from entirely; and in the variable ones, the diet should be adapted to the season. That warm climates and weather, with their appropriate regimen, are not in their nature sickly. That diversity of circumstances, especially as to food and climate, conduce to the production of varieties; and adversity of circumstances, to disease. That the temperate climates, and the mixed diet there used, due adaptation being observed, are not detrimental to the human race. That in his present state, having lost much of the control of instinct, man must depend more upon the control of cultivated reason. That the use of spirituous and fermented liquors is improper in a state of health, and apt to be subservise of it. That over excitation is the source of most of our diseases; and temperance and due adaptation in all things the best preventive of them.

“Under the influence of congenial habits, the feelings are apt to give timely intimation of the presence of morbid causes, and intimate the proper course for their removal; these nice perceptions become deadened under the influence of uncongenial habits. Intemperance in eating and drinking has a great effect in deadening these perceptions; and so depraves the appetite, that it becomes a very uncertain informant of the real wants of the system.

I do not indulge in the Utopian anticipations of the benefits to flow from dietetic reform that some have done. Correct diet alone is not going all at once to make men healthy, wise, and virtuous, as some declaimers would have us suppose. Under the best of circumstances there will always be considerable infirmity in human nature, and human conduct, and all that can be reasonably expected is, that correct habits will place us in the best condition our present lot admits of.

“If half the pains were taken to acquire correct habits that are sometimes bestowed on learning vicious ones, the latter would seldom acquire the ascendancy. In all our contests between reason and appetite, let us remember that by every triumph of the one, the other becomes weakened, and less able to obtain the mastery. How important, then, is it that reason should prevail; seeing that otherwise appetite must usurp its place! How doubly important, too, that reason should be properly guided! not only for its present good; but as a perpetually increasing source of benefit. The undue indulgence of passion and appetite, on the other hand, is not only a temporary evil; but a source of continually increasing suffering and degradation.

There is an appendix on malaria, which will repay the labor of careful perusal. The author propounds a theory of which he justly says,

“Although it has become the fashion to decry theories, they are alike necessary and useful. The mind instinctively seeks an explanation of

what is seen; and without one, all conduct concerning it is empirical and vague. As has been said by Darwin, "to theorize is to think, we cannot direct a cure without thinking, and happy is that patient whose physician possesses the best theory,"

In a second appendix on Cholera, the author comes to the conclusion that ozone is nitrous acid in a gaseous state. Independent of chemical grounds for the refutation of this idea, we will only recall to the author's memory, the very different odor of the two substances; about as unlike as two odors can be. There are some sensible remarks on the effects of food in predisposing to attacks of cholera; the author considering it probable that "epidemic cholera is more dependent upon the too free use of food composed of the heat-making elements, or the organic materials of bile, than is generally supposed, and that the state of predisposition to that disease does not depend upon the use of fruits and vegetable food, though when excess of animal food is used, especially the fats, fruits and vegetables may be incompatible, and (hence prove) excitants of disease."

The author's style is terse, vigorous, and quaint. He has very considerably appended an English translation to every one of his numerous quotations from Latin authors, and a glossary of technical terms thus rendering his work equally suited to the professional and the lay reader, to both of whom we heartily recommend it.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

FREE MEDICAL SCHOOLS.—In the January number of the North Western Journal, Professor N. L. Davis has published an elaborate reply to the strictures of the Western Lancet on his free-school plans, which reply has been made the theme of a second series of strictures, in the course of which the editor of the Lancet justly observes, "that the *theory* and the *practice* of the free school advocates, are singularly at variance." The theory is, that the Government should endow schools, and thus establish a permanent income; the practice exhibits Professor Davis and three others laboring for *ten dollars* a ticket, the professor of surgery, anatomy, and chemistry, who are gentlemen in easy circumstances, giving their services free.

"Professor Davis refers to free teaching in France, and intimates that it has resulted in elevating the profession of that country, and supposes that the same result would follow here. The illustration is singularly inapt; for in France, the most rigid laws exist, prohibiting irregular

practice. If each State, (or so many as have suitable localities,) would endow medical colleges, and then by legislative enactment prohibit all from practising who were not graduates of those colleges, the plan might become beneficial ; but as such restrictions can never be secured, it is altogether absurd to discuss such contingencies."

"It is intimated by Prof. D. that this free system would induce pupils to study longer, and consequently more accurately. Our experience teaches the contrary. Most, if not all schools, admit pupils free to a third course, and yet how small a proportion avail themselves of this free system? Not one in fifty! They are not willing even to pay the expenses of board for the privilege of attending" one or more courses free, in addition to those required by the regulations of the school to admit them to examination for the diploma.

We leave Professor Davis to make a satisfactory reply to these strictures as he best may ; and that his position with regard to the French schools may be appreciated, we will present our readers with an outline of the system of medical education pursued in France.

Every thing appertaining to learning is there controlled by the Government, through the Minister of Public Instruction, and no one is permitted to teach, not even in a primary school, who has not previously been thoroughly examined and passed by the proper tribunal.

The Academy of Paris, the most important branch of the University of France, consists of five Faculties, namely—those of law, medicine, letters, theology, and physical sciences, that of medicine comprising three secondary faculties possessed of equal rights, and located respectively in Paris, Montpellier, and Strasbourg, the professor being paid by the State, and elected for life, and the lectures on all the branches of science delivered in public schools, being free.

The Medical Faculty of Paris consists of twenty-six Professors, with fixed salaries of from two to ten thousand francs, chosen by Concours, but subject to the approbation of the Minister of Public Instruction. Besides these, there are not less than fourteen Professors attached to the school at the Garden of Plants, who lecture in the Spring and Summer, on medical and collateral sciences.

Four years is the time allotted for making preparation for a final examination ; and before being allowed to matriculate, the student must present his diploma of Bachelor of Letters, or be passed, after one hour's examination in Greek, Latin, French, General History, and Geography. If the father or guardian of the student does not reside in Paris, then he must procure some responsible citizen to be security for his good conduct.

After one year's study, and previous to being admitted to the first

examination, he must take the degree of Bachelor of Sciences, the examination for which is on Mathematics, Chemistry, Zoology, Botany, Physics, and Mineralogy.

The first examination for the degree of Doctor, is on Chemistry, Physics, and Medical Natural History. The second, at a stated interval thereafter, is on Anatomy and Physiology, the third on Internal and External Pathology, the fourth on Hygiene, Legal Medicine, Pharmacy, Materia Medica, and Therapeutics.

The fifth and last, conducted at the Hospital of the Faculty, is altogether practical, consisting in the examining and prescribing for two patients, selected from the wards of the Hospital, before a committee of three Professors.

As the first four examinations take place at determinate intervals, and are only on particular branches, the whole course being marked out for the student, he knows precisely what he has to study, and does not proceed to higher branches, until he has mastered and been examined in the lower.

The fees alone amount to \$220, and though there are French students who contrive to live, or rather to starve, on a little over \$200 per annum, few *can* live as an American student *would*, under \$500 or \$600 a year, and these sums are exclusive of books, instruments, clothes, amusements, &c.

It will be seen that the very minimum of expense incurred in obtaining a degree in Paris, is, for the poorest student, considerably over *one thousand dollars*, leaving the expense of the preliminary education and degree, altogether out of the question; and moreover let it be remembered, that the value of money is much higher in France than in the United States; indeed, of all places in the world, we look upon France as the country in which to study economy; and we speak from experience.

All comment on the above statement viz-a-viz free schools à la Chicago, is, we think, unnecessary; but while on the subject of French schools, we will take the opportunity to express our opinion of the true position of Paris as a seat of medical learning, and that is—that no man who has not acquired a sound and thoroughly practical knowledge of medicine, and who is not in the habit of thinking for himself, should go to Paris to improve his knowledge. We have known many a promising physician utterly blighted and spoiled thereby. Paris is the place to study specialities in; to *study for oneself*, not to learn from others merely, for the Parisian “celebrities,” teach not only all that is known, but “considerable” that is *not* known, and the practice of different physicians in the same hospital, is commonly most contradictory. The hos-

pitals for special diseases are, however, by no means so easy of access as is supposed; but a limited number of students being permitted to enter them, and that, in some cases, under great restrictions. The very crowd of students is a great disadvantage, particularly to a foreigner not speaking French like a native; for every foot of distance intervening between him and the speaker, renders it more difficult to follow the discourse. The professional morality of many great surgeons does not come up to our standard. We have seen most barbarous and unjustifiable operations in Parisian hospitals; and we have heard Lisfranc devote the greater part of what should have been a clinical lecture, to abuse of Velpeau, who in his turn would pay back Lisfranc in the same coin, to the great amusement if not improvement of the audience.

By making friends with the internes and externes, (answering to the house-surgeons and dressers of the English hospitals,) pathological anatomy may be studied with considerable advantage, from the great number of post-mortem examinations which are made. There are also fine opportunities for the investigation of diseases of the skin, venereal diseases, some of those of women, and the much neglected branch of Orthopedy. The art of diagnosis has been brought to a most wonderful degree of precision by the French; indeed, we used sometimes to think, judging from the treatment ordered, that the study of the natural history of disease, not the best mode of curing it, was the object in view, both of professors and pupils, who seemed almost to wish the death of the patient, that they might have an opportunity of verifying the diagnosis. Practical anatomy may be studied to one's heart's content, the supply of material being abundant and cheap, but of the arrangements of the dissecting rooms with regard to cleanliness and comfort, unless much changed of late, "least said soonest mended." Regular dissections are not allowed during the summer months, but the subjects brought in are given to the young men to practice surgical operations upon. In one thing Paris is pre-eminent just now, and that is, in facilities for learning the use of the microscope, and studying microscopic anatomy. Gruby and others give regular demonstrative private courses on this subject, which are most instructive and agreeable; indeed, the private courses of the internes in the hospitals, and of many distinguished men out of them, for which a small fee is charged, are generally speaking, far more profitable to the student than the public *free* lectures of the salaried Professors.

SYPHILIS. From a review of Ingarden's Prize Dissertation on Syphilidology, in the Swedish Journal Hygiea, we segregate the following.

The treatment of the local syphilitic affections, is altogether according to the spirit of the age. Of the three methods now principally employed, namely, the abortive, the antiphlogistic, and the mercurial, the author gives the former a decided preference, and discards mercury altogether from the list of remedies for local forms of venereal disease. His defence of the abortive treatment is founded on a true and faithful observation of the mode in which nature eliminates the poison. The most lucky natural cures are brought about by sloughing, and after the separation of the slough, healthy suppuration, rapid cicatrization, and perfect restoration to health are the sure results. This is the explanation of the fact that secondary symptoms are not observed after gangrenous chancres. It follows, that to destroy the poison at its source, is, whenever practicable, the most certain, as well as the most rational method of cure. (Ingarden employs the usual *potential* cautery, the Swedish reviewer recommends the *actual* as more sure.) The period for the employment of the abortive method is limited to the fifth day from the commencement of the chancre. Caustic applications continue to be of use, however, as the best alteratives and promoters of suppuration.

Ingarden does not give much credit to the anti-phlogistic treatment, although he cannot deny that its results have been favorable; abstinence he considers unnecessary. He is quite severe on the common routine practice of giving cathartics at the commencement of the treatment of primary affections, as he contends they favor absorption, and hence increase the danger of inducing constitutional syphilis.

He not only considers mercury unnecessary in all primary affections, but absolutely injurious; and congratulates art on having shaken off its superstitious reverence for the specific powers of that mineral. (Although the author has no little ground for his tirade against the monstrous abuse of mercury in these affections, as for example, in the case of simple phagedænic sores, we cannot but consider it the only true medicine in sluggish syphilitic ulcers, with indurated edges, and must express our firm belief that mercury will always be considered as indicated in cases of true Hunterian chancre, and will not cease to be employed with a well deserved confidence; for we know of no remedy with which it can be replaced, although we see no reason to disbelieve his assertions that he has succeeded in effecting cures in these cases, only through the means of the local application of caustic potassa.)

Constitutional syphilis left to itself, is incurable, but by an appropriate treatment, can be thoroughly cured, in the great majority of cases without any danger of causing medicinal disease. Iodide of mercury is considered as the best anti-venereal. The perchloride is considered

good in baths, but not suited for internal use. Salivation is not only unnecessary, but retards the cure, unless in the case of syphilitic ophthalmia, where, the sooner salivation is produced, the better. In case Hydrargyrosis (mercurial disease,) should occur, Ingarden thinks much of small doses of the potassio-tartrate of antimony, and rejects sulphur, which has hitherto sustained so high a reputation, in the treatment of this affection. In very obstinate forms of secondary syphilis, he has found the usual salts of gold very useful indeed, and considers iodine, iodide of potassium and iodide of iron, as the great remedies for the tertiary form of that disease.

REGENERATION OF THE LOWER JAW-BONE.—About the end of February, 1847, a girl of eighteen years of age, was brought to the hospital at Gefle, suffering from a necrosis of the inferior maxilla, which had occurred during an attack of typhous fever. The lower lip had entirely sloughed off, three months before she came into the hospital. The lower maxilla as far as the condyloid and coronary process, was entirely black, and most of the teeth fallen out, while beneath it was an entirely new jaw-bone, and between the new and the old bone, was a space so considerable, as near the mesial line to leave room for the introduction of a couple of fingers. As the sequestrum was not loose, as much of the anterior portion as practicable was removed with great difficulty by the saw, when the remaining portions were found to be held fast together, by means of two molar teeth, which were extracted, and then the remainder of the dead bone was taken away. The hæmorrhage was profuse and arrested with difficulty. The patient would not submit to a plastic operation for the restoration of the lip, and left the hospital at the end of March, in all other respects quite recovered.

DISEASES OF THE PANCREAS.—Professor Seibert, of Jena, has made the following deductions from his observations, on 15 cases. The symptoms of disease of the pancreas, are pain deep in the epigastrium, just below the stomach, and between the navel and the edge of the liver, increased on pressure, and proportionate to the intensity of the disease; the pain is fixed in this spot, and radiates in different directions, either to the spine, or to different parts of the thorax. Digestion is disturbed, but the appetite continues undiminished, the tongue is clean, and taste unchanged; nothing particular marks the first period of digestion, but afterwards pain and uneasiness, heartburn, and pancreatic sialorrhæa come on, and some hours after a meal, easy vomiting of watery fluid, which contains too much albumen to be mistaken for gastric juice, and

the late period after eating at which it is vomited, distinguishes this disease from schirrus or chronic gastritis. Constipation alternates with sudden attacks of watery diarrhoea without pain, probably caused by the increased secretion of the pancreas. There is great emaciation, and anæmia. Pulsation in the epigastrium increased by pressure, is always to be met with; it is even visible, and sometimes accompanied with arterial blowing. It increases and diminishes with the intensity of the disease, and if the symptoms already enumerated are also present, is pathogmonric; indeed this will appear quite natural, if one bears in mind that the pancreas is abundantly supplied with arteries, that its head lies in contact with the aorta, and that the same network of nerves includes both. The cause of the disease was in two of the cases observed the abuse of mercury, in two starvation, and in one fungus medullaris in the gland. (Condensed from Swed. Jour. Hygiea.)

In a case reported in the same journal, where the patient had died from rupture of an aneurism of the splenic artery, the pancreas was wholly absorbed from the pressure exercised by the aneurism, not a trace of it was to be found. Among the symptoms referable to the destruction of the pancreas, may be mentioned, considerable emaciation, waxy, cachectic complexion, epigastric pain as described, constipation so obstinate, that evacuations never occurred without the aid of medicine or injections, and the excrements were hard and clay colored; some considerable time after a meal, sensation of weight and tension in the epigastrium, sometimes eructations, sometimes vomiting of sour, bitter, or tasteless fluids. About a year before his death, the patient instinctively began to eat raw meat, and under this diet, he lost his epigastric pains, and the constipation was greatly relieved. Six months later he began to drink whey prepared with cream of tartar, and of this he took from one to two bottles daily. When the fruit season arrived, he eat largely of berries, especially wild strawberries, from which he derived much benefit, and became able to indulge in many articles of food, which he had long been obliged to abandon. In the beginning of October the epigastric pain returned with greater violence than ever, nothing gave him relief, and he continued to get worse, until he suddenly expired in consequence of the bursting of the aneurism.

We think the instinctive desire for raw meat, in the above case highly suggestive and interesting; for it is now well known, that the pancreatic secretion aids in the digestion of certain alimentary substances as starch, and gives an emulsive form to fatty matters, but has probably nothing to do with the digestion of the nitrogenous principles, fibrin, albumen and the like.

THE FEMALE M. D.—A letter from Miss E. Blackwood, M. D., to Prof. Webster, of Rochester, N. Y., appears in the Boston Med. and Surg. Jour., of Feb. 20, 1850. It is dated Paris, June 23, 1849, and was written after a month's residence in that city. She proposed to devote the summer to Obstetrics, and if she found it profitable, to spend the winter there, otherwise to return to London, where she says "nothing could be more friendly, or more considerate, than my reception."

VACCINE MATTER.—We have received a number of communications from the country requesting a supply of vaccine virus, a favor we found quite impossible to grant except to a limited extent. We take this mode of announcing, that a letter enclosing \$2, addressed to Dr. Raymond, Health Officer of the city of Cincinnati, will ensure a supply of reliable virus, hermetically sealed; moreover, physicians in any section of the United States can procure ten quills charged with pure vaccine virus by return of mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid.

NEW PERIODICALS.—A monthly journal of a mixed character, embracing medical science, literature, natural philosophy, mineralogy and legal medicine, has been started at Plattsburg, N. Y. It is called the "Northern Lancet," and is edited by Horace Nelson, M. D., and Francis D'Avignon, M. D.

CANTHARIDAL COLLODION.—Treat by process of displacement, half a pound of bruised cantharides, with one pound of sulphuric, and three ounces of acetic ether. In two ounces of this ethereal tincture, dissolve twenty-five grains of gun cotton, and ten grains of Venice turpentine.

Although intrinsically more valuable than ordinary vesicating agents, its use is less costly, as one drachm and a half produces an effect equal to that of half an ounce of blistering plaster: The pain is insignificant, and when the blister is perfectly formed, the film of collodion loosens, and curling at the edges, may, by a slight effort, be detached without rupturing the membrane beneath, whose surface contrasts very favorably with that produced by ordinary blistering plaster, which so frequently soils the skin.

If it be simply painted upon the skin, and the ether allowed to evaporate, vesication does not take place sooner than with the officinal plaster; but if, immediately on its application, a piece of oiled silk is bound upon the part, and suffered to remain an hour, so as to prevent rapid desicca-

tion, a blister will be formed in three hours, sometimes even more quickly—in one instance in one hour.—*Am. Jour. of Pharmacy.*

The preparation is advertised for sale by Philbrick & Trafton, Drug-gists, 160 Washington street, Boston.

PHOSPHOROUS PASTE FOR DESTROYING RATS.—The publication of the best mode of preparing the paste, which is far more efficacious than arsenic in any form, will doubtless prove acceptable, and we hope will aid in limiting the number of accidental, as well as intentional poisonings by that most dangerous mineral :

Phosphorus	20 parts.
Boiling water	400 “
Flour	400 “
Melted fat	400 “
Nut oil	200 “
Powdered sugar	250 “

The phosphorus is placèd in a porcelain mortar, and immediately liquified by the hot water. The flour is rapidly but gradually added, while the whole is stirred with a wooden pestle. When this has become nearly cold, the melted fat, while yet gently warm, is added, the oil next, and then the sugar—the whole being constantly stirred until quite cold. The paste must be kept in well closed vessels, so as to exclude both light and air. Spread very thinly on slices of bread, it is devoured with avidity.—(*Jour. Med. Chir. Rev.*) This paste has an advantage over other poisons, viz., that the rats if they have free access to water, are not apt to die in their holes; it will also often exterminate cockroaches; one caution, however, we would give, having *bought* our experience pretty dearly, and that is—do not let the chickens get at it, for they will greedily devour it, with what effect we need not say.

ACONITE IN DYSENTERY.—Beyond all question aconite possesses extraordinary therapeutic powers, but there is probably no remedy, the indications for whose employment are so obscure. It proves antiphlogistic in some cases to a surprising extent, and again in others apparently similar, it exerts no beneficial influence that can be demonstrated. As abundant opportunity will be afforded for a fair trial of it in dysentery, we give the following from the *Bulletin de Therapeutique and Med. Chir. Rev.*—M. Marbot, surgeon-major of the Crocodile man-of-war, found himself in the midst of an epidemic of dysentery, a few days after the vessel had left Zanzibar, nearly every one on board being

attacked during its two month's continuance. The more inflammatory the type became, the more striking was the failure of the emeto-purgative plan, and of the general inutility of blood-letting in the disease occurring in hot climates, M. Marbot had had frequent opportunities of judging. He luckily bethought himself of aconite, from which he had derived great benefit in acute rheumatism. Its effects quite surpassed his expectations, for the inflammatory excitement subsided in less than a day, and the blood disappeared from the stools in a few hours. From this time he gave the remedy even from the commencement of the disease, and he always found it remove the hæmorrhage and abate the fever, the pain in the belly too being relieved, and the stools passing easier, even in a few hours after the first dose. But the aconite exerts no other effect upon the stools than removing the blood from them, their mucous and other characters remaining as before, and even their number not undergoing a diminution proportionable to the improvement of other symptoms. The aconite then would seem to exert a very feeble action on the intestinal contractions, but promptly subdues the febrile reaction, and the excitement produced in various organs. The dose required is not large, being from three-fourths of a grain to one grain and a half of the extract, in the twenty-four hours, diluted in water, and given in fractional portions every two or three hours.

The aconite does not *cure* the dysentery, but so modifies its nature as to render it amenable to treatment that before proved useless. Thus as soon as the reaction is reduced, M. Marbot has at once recourse to ipecacuanha, allowing a day to intervene between each dose. (From this we conclude that he gives it as an emetic; we vastly prefer this drug in the form of an infusion, in dysentery and diarrhœa; the formula is 15 grs. ipecac: to 6 oz. water; dose from a tea to a table spoonful, frequently repeated.) After the stools become somewhat reduced in number, we may follow up the advantage by the use of starch and opium clysters. Mercury should be substituted for ipecacuanha, when hepatitis or a disturbance of the secretions of the liver or pancreas, is present, and the stools are found green, opaque or foamy. Opiates are injurious as long as any inflammatory action is present; quinine is useful in hot climates, when the disease is masking a remittent.

Upon these principles M. Marbot treated 300 cases, some of which were of the severest character, and others attended by relapses, without losing a patient.

A trial made in Paris of this remedy, leads to the belief that it may be advantageously used to render the evacuations in dysentery and diarrhœa less irritating, and for the relief of the febrile reaction set up at

the end of the phlegmasiæ. The extract is of such variable activity, that the tincture is preferable as a more certain preparation.

Our critical nerves are continually being jarred by a carelessness of expression, which is now becoming so common even in print, that we must protest against it, as unworthy of a profession aspiring to be called learned. We have before us an article in a well-conducted journal, in which the term "Gum Camphor" strikes our eye very offensively. Camphor is not a gum, and that both the author of the article, and the editor of the journal, knew quite as well as we. Again, in the same article, the term "Dover's powders" is used again and again. The s would lead one to suppose that a Dover's powder was a given dose, whereas the term is used to designate a composition invented by Dr. Dover. Not unfrequently we hear the expression Dover powders, and this is still worse; the preparation is properly styled Dover's powder, just as we say Huxham's tincture; nobody thinks of saying Huxham tinctures, and yet that would be every whit as correct as Dover powders.

NUX VOMICA.—This valuable drug is, we are inclined to believe, much overlooked in practice. In constipation depending on torpor of the intestines, deficient intestinal innervation, it often restores the natural action, even in most obstinate cases. So in chronic catarrh with relaxation of the mucous membranes, lead colic, prolapses ani in children, and last, though certainly not least, in chronic atonic diarrhœa. The hydro-alcoholic extract is the best form, but is exceedingly tough and unmanageable unless rubbed down with some material that will reduce and dilute it; and we have found nothing come up to sugar of milk for that purpose; next to which, guaiacum resin is the best.

INTERESTING ANNOUNCEMENT.—The brother of Wagstaff, of the Bunkum Flag-staff, is just recovering from the *brown creeters*, and going to a certain Doctor in New York to have his throat swabbed with *nutritive silver*. (We suppose he did not try the *Cherry Pictorial*, which one of our friends in a very hoarse voice, interrupted by coughing, assured us, *cured* him the very first dose.)

CHOLERA.—The New York Journal of Commerce, of 22nd February, says that nine deaths from cholera have occurred among the emigrants at Ward Island. The amount of sickness on the island is unpre-

cedented. Out of a population of two thousand, nine hundred are on the sick list. Some of the cases originated on the Island, but by far the largest portion were landed in their present condition, from the ships on which they came. The principal diseases are ophthalmia and typhus, besides numerous surgical cases.

Cholera and other sickness has also fearfully prevailed on board of the ship Isaac Wright, just arrived at New York from Liverpool. She sailed on the 9th January, with 303 passengers. On the second day out the cholera appeared on board, the first victim being a hale, stout Irishman, apparently in good health, who was seized at 9 o'clock, and was buried at half-past 11. Before his death, he admitted that he had had an attack at Liverpool, and had come out of hospital only a few days before the ship sailed. Out of 203 passengers, 100 were sick of cholera and other diseases, and 26 died.

Since the above was in type, we have seen in the New York Journal of Medicine, that some 90 cases have occurred on Ward's Island, of which about 30 have proved fatal.

We ran off with the following scrap from the portfolio of a colleague the other day, thinking better of it than its modest author, who would blush to see his name in print. *We* have no scruples on that subject, and are quite ready to father the bantling if he disowns it:

PROFESSIONAL ENVY.—How often do we hear of charges preferred by one medical man against another, for breach of professional etiquette. We trust that the time will come when the sentiment of true brotherhood will so pervade the breast of every member of our noble fraternity, as to eradicate every feeling of sordid, jealous, or mercenary nature; when men can enjoy the dignity and honor of a regular Diploma in medicine, and never consent to transgress the privileges which it bestows in order to secure the patronage of the community in which they live. But that time is not yet. Are there no cases where men belonging to the profession boast a degree of knowledge which they do not possess, or parade a profound feeling of christian sympathy for suffering humanity, which prompts them to interfere with the practice of whom they term the less wise practitioner? Various means may be adopted to attain their end. The patient may be warned indirectly, that the case is of a nature exceedingly critical, and that unfortunately his physician has formed an incorrect diagnosis—but as consolation he is apprised, “that the nature of his disease is perfectly plain to others, and would yield readily to a proper course of medication.” In what light are we to view the conduct of those who thus act upon the weakness

and credulity of the patient in order to cause the dismissal of the attending physician, and to usurp his place? Or they may avoid the direct charge of professional incapacity, but by ingenious inuendo and half uttered hinting, assail the rival's character, in a religious or moral point of view, and thus attain their end. We care not how it be effected, such conduct should meet with unmitigated condemnation, and the offender be treated with far greater severity than is meted out to the ignorant and presumptuous charlatan.

MISSIONARY PHYSICIANS.—The Boston Journal publishes the following list, giving the names and locations of American physicians connected with the American Board of Foreign Missions, whose office is in Pemberton Square, Boston. Letters from that office are invariably forwarded by the earliest conveyances. The names and residences are as follows: Newton Adams, M. D., stationed at Umlazi, South Africa. Henry A. DeForest, M. D., at Beirut, Syria. Azariah Smith, M. D., Aintab, Western Asia. C. D. A. Van Dyck, M. D., Abeih, Syria. Austin A. Wright, M. D., Ooromiah, Persia. John Scudder, M. D., Black Town, Madras, Southern Asia. Dr. Charles S. Shelton, East Madura, Southern Asia. Samuel F. Green, M. D., Manepy, Ceylon. Dyer Ball, M. D. Canton, China. Charles H. Wetmore, M. D., Hilo, Sandwich Islands. Bright Baldwin, M. D. Lahaina, Sandwich Islands. James W. Smith, M. D., Koloa, Sandwich Islands. Seth L. Andrews, M. D. Waiola, Sandwich Island. In America, Elizur Butler, M. D., at Dwight, Cherokee Nation of Indians, and Thomas S. Williams, M. D., Kaposia, Sioux Nation. Other physicians are connected with other missionary organizations.

Facts in regard to the character of diseases, epidemics, endemics; those connected with natural history, ethnology, bibliography and antiquities, and new unique specimens, are often attainable through these gentlemen, in the far-off countries in which they reside.

POSTAGE ON EXCHANGE JOURNALS.—It is a remarkable fact, says the editor of the Southern Med. and Sur. Journal, and one by no means creditable to our national legislature, that full postage is charged on the exchanges of medical and other scientific periodicals. It is the more remarkable, because such works are exclusively devoted to the improvement of those branches of knowledge in which the whole human family is interested, and are seldom if ever published with a view to private interest. Among the number which exist in our country, there are few,

if any, which yield an adequate compensation to those who conduct them, and quite a large proportion are published at a positive loss. Under such circumstances, we repeat that it is surprising that Congress should be indifferent to the benefits conferred upon the world by the medical and other sciences, and impose upon these periodicals an onerous tax, which in the aggregate can yield but a paltry revenue to the government. The newspaper press is subject to no such burthen, but is free from all postal charges. We claim that scientific periodicals are entitled to equal favor and protection, and we believe that if the subject was properly brought before the notice of Congress, the grievance would be redressed. We would therefore respectfully suggest that the Editor of every such work should address a memorial to Congress on this subject, and forward it to the Chairman of the Post office Committee.

IMPORTANT DISCOVERY IN VENTILATION.—The Boston Journal quotes the following from the London Literary Gazette; we think it worth republishing. At a time when the cholera, with an appalling voice, calls the most earnest attention to house-ventilation, and dreadful explosions and loss of life in mines demand no less anxious efforts to devise means for the prevention of these calamities, we have much satisfaction in anticipating that human residences may be supplied with a continual circulation of wholesome air, and the most dangerous subterraneous works be preserved against accidents from foul currents or fire-damps. Dr. Chowne has enrolled a patent for Improvements in Ventilating Rooms and Apartments, of the perfect efficacy of which, we believe, there cannot be a doubt, and on a principle at once most simple and unexpected. Without going into details at present, we may state that the improvements are based upon an action in the inverted syphon which had not previously attracted the notice of any experimenter—viz: that if fixed with legs of unequal length, the air rushes down into the shorter leg, and circulates up, and discharges itself from the longer leg. It is easy to see how readily this can be applied to any chamber, in order to purify its atmosphere. Let the orifice of the shorter leg be disposed where it can receive the current, and lead it into the chimney (in mines, into the shaft) so as to convert that chimney or shaft into the longer leg, and you have at once the circulation complete. A similar air syphon can be employed in ships, and the lowest holds, where disease is generated in the close berths of the crowded seamen, be rendered as fresh as the upper decks. The curiosity of this discovery is, that air in a syphon reverses the action of water, or other liquid, which enters and descends

or moves down in the longer leg! This is now a demonstrable fact; but how is the principle to be accounted for? It puzzles our philosophy. That air in the bent tube is not to the surrounding atmosphere as water, or any heavier body, is evident; and it must be from this relation that the updraft in the longer leg is caused, and the constant circulation and withdrawal of polluted gases carried on. But be this as it may, one thing is certain—that a more useful and important discovery, has never been made for the comfort and health of civilized man. We see no end to its application. There is not a sanitary measure suggested to which it may not form a most beneficial adjunct. There is not a hovel, a cellar, a crypt, or a black, close hole any where, that it may not cleanse and disinfect. We trust that no time will be lost in bringing it to the public test on a large scale, and we foresee no impediment to its being immediately and universally adopted for the public weal. We ought to remark that fires or heating apparatus are not at all necessary; and that, as the specification expresses it, “this action is not prevented by making the shorter leg hot while the longer leg remains cold, and no artificial heat is necessary to the longer leg of the air-syphon to cause this action to take place.”

ON THE CHEMISTRY OF DYSENTERY.—The most superficial view of the subject, is sufficient to show of what vast importance the discharges in dysentery are for the quantities passed, the rapid emaciation and prostration, are only equalled in cholera. Dr. Osterlen, Director of the Medical Clinique at Dorpat, and Professor Smidt, have made examinations into the nature of the discharges, the results of which, if confirmed by more extended observations, will prove not merely additions to the natural history of the disease, but of great practical value as suggestive of its most appropriate treatment. We condense from the *Brit. and For. Med. Chir. Rev.*, the following:—The loss of albumen, salts, water and epithelial scales is immense; the average weight of matters evacuated from the bowels during an ordinary three weeks attack, being upwards of 60 pounds, the daily loss of albumen, varying from 300 to 1,200 grains. Not only the absolute quantity of albumen discharged, but the proportion present in the stools, varies according to the severity of the disease, and *ceteris paribus*, measures its danger. This large loss of albumen is the more striking, when we compare it with that which is observed in other diseases attend with purging, or after the use of laxatives, when it is on an average five times less than in a case of dysentery, even when this is on the decline. The great discharge of albumen, as well as water, must necessarily modify and diminish various

exudations and secretions ; hence the dry and inactive state of the skin, hence the remarkable diminution of urine.

From a consideration of these phenomena, we may adduce the therapeutical rule of employing only with the greatest caution, the means calculated to induce or augment loss of material, such as mercury and blood-letting ; and of using every means not merely to cope with the local disease, but also with the important anomalous *crasis* or constitution of the blood, which has been induced by the disease, and to prevent, by the addition of new material, an exhaustion of the vital elements of that fluid to an extent incompatible with the performance of its functions.

TOBACCO OINTMENT AND MILK ABSCESS.—Dr. Parrish in his excellent journal, the New Jersey Medical Reporter, states that after repeated trials with a variety of unguents and liniments, he has abandoned them all in favor of the compound tobacco ointment, as prepared by Wm. J. Allinson, of Burlington, N. J., whose formula is published in the Am. Journal of Pharmacy. It is as follows :

Tobacco leaves, sliced..... 10 ounces.

Cider vinegar..... 4 pints.

Boil the tobacco in the vinegar to one pint—strain—reduce in a water bath to 6 fluid ounces, and add this fluid extract to 13 ounces of melted Basilicon Ointment, stirring constantly till cool. This constitutes the simple ointment.

In the compound 2 ounces of extract of Belladonna are dissolved in the 6 of fluid extract of tobacco, and added to the 13 of melted Basilicon Ointment, in which 13 drachms of powdered camphor have previously been dissolved, stirring till cool.

Dr. Parrish says that this ointment frequently affords relief even after the suppurative stage has been developed. A muslin cloth the size of the gland is spread with the ointment, so as to cover the whole surface, the nipple presenting through an opening in the muslin. Constitutional means are of course not to be omitted, when indicated.

CATAPLASMS.—As a means of soothing pain and allaying local irritation, cataplasms, composed of various substances, have long been used, both in and out of the profession. Applied when warm and soft, they act as a kind of local bath, and favor cutaneous transpiration and reduce excitement. Our object in alluding to this simple, but often important means in the treatment of disease, is to call the attention of the *practitioner* to the *onion poultice*, as an excellent application over the epigastrium, in cases of obstinate bilious vomiting, often witnessed in some of our autumnal fevers, and in the irritable stomach of the dissi-

pated. A correspondent writing to us from Alabama, states that a case of obstinate *bilious vomiting* of several days' continuance, in despite of all the remedies used, promptly yielded to "a poultice made of raw onions, large enough to cover the entire epigastric region; at the same time he gave internally some of the juice of the vegetable." He adds, "in the course of a few hours, it acted like a charm—it arrested the nausea and vomiting, which had been so obstinate and distressing to the patient for several days." He concludes by stating that the same means had been equally successful in his hands in similar cases.—*N. O. Med. and Surg. Jour.*

DYSENTERY.—Extract from a letter to the editor. "I must say, yet with all due deference to the opinion of others, that I believe purgatives of any kind, out of place in the treatment of dysentery. The disease I believe primarily to consist in functional derangement of the liver, and inflammation of the mucous membrane of the color and rectum; other portions of the bowels, however, may also be involved in the disease. I have had no satisfactory opportunity of testing the plan of treatment, based upon the above pathological conditions, until last autumn, when the disease prevailed epidemically in this region. It did not appear to have any peculiarities not common to dysentery generally, save perhaps greater tendency to a typhoid condition than usual. I commenced the treatment by giving full doses of opium, in combination with small portions of *Ipecacuanha*, repeated at such intervals as to keep the pain and tenesmus in subjection; blue pill was also given in three or four grain doses, at intervals of four hours, and continued until slight symptoms of mercurialization obtained, unless the disease gave way before. Active counter-irritation was kept up, with strong volatile liniment throughout; a milk diet, and mucilaginous drinks, were also rigidly enjoined. Out of one hundred and two cases, treated on the above plan, ninety-eight recovered in from two to six days; the four fatal ones, were all in an advanced state, when they were brought under treatment,

J. HOHE.

COMMUNICABLE DISEASES.—The following propositions are laid down by Prof. Knight, of Yale College, in an introductory lecture:

1st. It is no proof although it may afford a presumption, that a disease is communicable, because many in the same family, neighborhood or region of country, are affected by it simultaneously, or in rapid succession; or because it extends either slowly or rapidly from place to place.

2d. It is no proof that a disease is not communicable, because of its

greater prevalence at one time than another ; its rise, increase, and decline in a community ; or its attacking a portion of the inhabitants, while others escape who have been equally exposed to it.

3d. It is no proof that a disease, when fully formed, is not communicable, because that in many, and perhaps in the greater portion of cases, it arises from some of the common external causes of disease.

4th. It is no proof that a disease is communicable, because it does not obey all the laws of some other communicable disease.

The lecture closes with the following three propositions :

1st. All febrile diseases, of a typhoid and malignant type, depend upon, as their predisposing cause, a certain endemic or epidemic constitution of the atmosphere. What this state is, is entirely unknown.

2d. This epidemic constitution, aided by the common exciting causes of disease, is at all times sufficient to produce them.

3d. Whenever this epidemic constitution is present, they will be communicated from the sick to the well, and this communicability is a common cause of their propagation.

NEW PREPARATION OF OPIUM.—The so-called *muriate of opium* has now been so extensively tried, and favorably reported on, that we think the formula worth publishing. This is the most approved : Powdered opium, ℥ i ; muriatic acid, ℥ j ; distilled water, ℥ xvi ; brandy, ℥ iv ; mix ; macerate, with frequent agitation, fourteen days, and filter for use. The strength and therefore the dose, is about the same as that of laudanum. The superiority of this preparation is owing to the formation of muriate of morphia, no comparison the best of the salts of that alcaloid, and the one we use exclusively, whenever we can get it.

ANTISEPTIC COMPOSITION.—Dr. E. R. Smilie in a letter to the Mayor and Aldermen of Boston, on the subject of medical police and hygiene, says that while experimenting for the purpose of producing animal petrification, he discovered the extraordinary preservative properties of the following compound :—Carbonate of lime, 6 parts ; chloride of lime, 2 parts ; powdered nitrate of potassa, one-quarter part ; sulphate of iron, one-quarter part ; arsenious acid, one-sixth part ; carbonate of soda, one part. He strongly recommends these ingredients, finely pulverized and thoroughly mixed with argillaceous earth, to be placed in the interspace between an inner and outer coffin.

THE SCHOOLMASTER ABROAD.—A friend has placed in our hands the following document. *Somebody* appears to know better what is good for the Ohio Medical College than it does itself:

House of Representatives. Mr. Carney, on leave. A Bill to re-organize the the Medical College of Ohio, and elevate the standard of Medical education.

Sec. 1. *Be it enacted by the General Assembly of the State of Ohio,* That prior to or on the first day of April next, the professorships of the medical college of Ohio shall be vacated.

2. That from and after the termination of the present session of said medical college, the board of trustees shall consist of eighteen members, one to reside in each judicial district, who shall be chosen by the Legislature, (and all of whom shall be members of the regular medical profession,) in the following manner, to wit: The entire board to be chosen by joint resolution of the General Assembly during the present session; one third of the whole number shall hold office during the term of two years—one third during the term of four years—one third during the term of six years.

3. Of the board of trustees thus constituted, one half shall constitute a quorum for the transaction of business at the annual and semi-annual meetings of the board, unless to fill vacancies in the Board of Instruction or Faculty, when the presence of two thirds shall be necessary to constitute a quorum.

4. That should any trustee fail to be present at any two successive meetings of the Board, the Secretary of said Board shall report the same to the Governor, who shall fill the vacancy which such failure shall have created, by the appointment of another to the office of trustee, for the remainder of the term for which his predecessor had been appointed.

5. That the board of trustees, after having been duly notified of their appointment by the Secretary of State, shall hold their first meeting in the city of Columbus, on the first Tuesday in June next, and organize, after having been sworn into office, by appointing one President, one Vice President, one Secretary, one sub-Secretary, and one Treasurer, with such other officers as experience may suggest, or the nature of their trust may require.

6. That the board of trustees having organized, as provided in section five of this act, shall proceed to the choice of a board of instruction in the manner following, to wit: The Secretary of said board shall announce, through the medium of the medical journals published in the United States, that on the first Wednesday of August, 1850, the board

will meet at the city of Columbus, at which time and place the said board will proceed to choose from among the several competitors, a board of instruction, upon the plan and by the method known as the concours, as recommended by the American Medical Association, and invite such as are desirous of occupying chairs in the medical college of Ohio to meet the board of trustees on the said first Wednesday of August, as aforesaid.

7. That it shall be the duty of the board of trustees, when convened, as provided in section six of this act, to assign to each aspirant to a professorship, two themes—one for a written and one for an oral dissertation or discourse, upon the branch or branches of science most intimately involved in the chair to which he aspires, which discourses shall be produced before the board within forty-eight hours from the time of such assignment.

8. That after the board of trustees shall have heard the several competitors in manner and form as contemplated, they shall proceed to select for the several chairs those who, in their opinion, possess the highest qualifications, taking into estimate their professional acquirements and capabilities as public teachers.

9. That the board of instruction shall consist of the following chairs, to wit: chemistry and pharmacy; anatomy, general and special; physiology and the institutes of medicine; materia medica and medical botany; theory and practice of medicine; surgery; midwifery and the diseases of women and children; medical jurisprudence and psychology.

10. That the board of instruction, after taking an oath of office, shall organize in the usual form

11. That the session in the Ohio Medical College shall not exceed four months, and shall commence on the first Monday of November, annually.

12. That in case any member of the present faculty of the Ohio Medical College shall own any property useful and proper for the illustration of his branch of instruction, in the event of his removal from said school of medicine, or in case of the removal or displacement of any member of the board of instruction by the concours, after the reorganization shall have been effected, the successor to the individual displaced, shall purchase, if said owner is willing, at a fair value, such apparatus, models, &c., as above specified.

13. That the board of instruction be, and they are hereby required to send one of their number to Europe every year for the purpose of acquiring such knowledge, (unwritten,) books, instruments, and appa-

ratus pertaining to medicine and surgery, as may be new and valuable to said profession, or in any way conducive to the progress of the healing art in the United States.

15. That when a young man shall present himself for admission into the medical college, for the purpose of completing his medical education, he shall present satisfactory evidence of moral character, and submit to a rigid examination upon the several branches of science which are involved in the course of college instruction, as specified in section nine of this act, together with an examination upon what shall be deemed by the faculty a proper course of preliminary education ; and in the event of his failure to sustain himself in such examination, he shall not be admitted to the privileges of said medical college.

15. That any student of medicine who shall have attended one full course of instruction in said college, and shall have acquitted himself with credit during the whole term of lectures, may, if he think proper, submit himself to a final examination for graduation at the end of said term.

16. That all final examinations for graduation shall take place in the presence of the faculty, the Governor, (who shall be ex-officio a member of the board of trustees,) and at least seven of the trustees, and two delegates from the State medical society, appointed annually for the purpose, all of whom may participate in the examinations, and all of whom shall exercise the right of voting upon the question of qualifications of candidates for graduation thus examined.

17. That for the privileges of college, hospital, library, and every other means of instruction in the Medical College of Ohio, students graduating, having attended but one course, shall pay into the treasury the sum of one hundred and fifty dollars each ; but such as shall remain at college during two sessions before graduating, shall pay into the treasury two hundred dollars each, which sums shall cover matriculation, graduation, and all other expenses connected with college instructions.

18. That after the examination shall have been closed, it shall require two-thirds of the board of examination to award to a candidate for a degree, a diploma : Provided, that in case any one who shall have been rejected, may demand a re-examination, before a board constituted of two-thirds of the board of trustees, the faculty, Governor, and the two delegates from the state medical society, whose decision shall be final.

19. That the professors shall receive a compensation for their services, an equal dividend of such amount of funds as shall be received

for tickets of admission to lectures in the said medical college, until said sum shall amount to fourteen thousand dollars, after which any overplus shall be appropriated in such manner, and for such purposes, as the board of trustees shall deem most conducive to the advancement of medical education in Ohio.

20. That at the end of the term of five years, either or all the chairs in said medical college may be declared vacant, at the instance of one-third of the board of trustees, when it will become the duty of said board, as soon thereafter as practicable, to fill such vacancy or vacancies as may exist in the manner and form as contemplated in section six of this act, which rule shall be observed in filling all vacancies, whether occasioned by death, resignation, or otherwise.

21. That after the first session shall have closed, the board of trustees shall have the power to create, should they deem it proper, one or more additional chairs.

22. That every candidate for graduation shall write a thesis upon such subject as may be assigned by the board of instruction, and deposit the same with the dean of the faculty two weeks previous to his final examination, and openly defend the doctrines therein presented, in the presence of the whole faculty and school.

23. That all acts and parts of acts inconsistent herewith, be, and the same are hereby repealed.

ANOTHER NEW JOURNAL.—Besides the Northern Lancet, another monthly journal has been started at St. Louis, under the title of the St. Louis Probe, edited by A. J. Coons, M. D., and J. R. Atkinson, M. D., probably intended to take the place of the St. Louis Medical and Surgical Journal.

MEDICAL ORTHOGRAPHY AND PRONUNCIATION.—Nothing lowers the character of the whole profession more in the eyes of the well educated, than the glaring errors in both orthography and pronunciation which daily greet the eye and ear, in the writings and speech of medical men. This is the more inexcusable, as we have two great and truly American authorities on these subjects—Webster and Dunglison—whose dictionaries ought to lie on the table of every physician, ready at hand, to be consulted whenever even a shade of doubt crosses the mind. We should feel very much ashamed on the part of any member of the regular profession who should say, as a graduate of one of the “New Schools,” who, in detailing a case, declared that he had

given his patient Tincture of *Cantha rides* by the mouth, and had thrown an *enemy* up his bowels. Reform had evidently overtaken pronounciation as much as practice in this case.

Apropos to the above, a noted Thompsonian recently remarked to an intelligent physician, that he had made a post-mortem examination, where to his surprise, "the liver had got below the midriff;" and another of the same school, informed a friend, that *Mrs.* N. C. was very sick and he feared would die, as she had a disease of the *prostrate gland*.

We have been requested to publish the following

CIRCULAR—An extract from the proceedings of the Ohio State Medical Society:

The question being under discussion, whether geological formations have any influence in the production of certain diseases, such as cholera, gravel, goitre, &c., when the following resolutions were offered by Dr. Davis:

WHEREAS, the question is unsettled, whether geological formations have any influence on the formation or modification of calculous disease, and as the State of Ohio is considered favorable for collecting statistics on this subject, her territory being nearly equally divided between the limestone, and coal, or freestone, formations. Therefore

Resolved, That this Society consider this subject of sufficient importance to recommend the medical profession in each county of this State to collect all the statistics in reference to calculous disease in their counties, and forward the same to a committee appointed by this Society.

Resolved, That a committee of three be appointed to collect and arrange the statistics on this subject, and report the same to the next annual meeting of this Society.

EDWIN HAMILTON DAVIS, M. D.,	} Committee.
Prof. J. P. KIRTLAND, M. D.,	
Prof. R. D. MUSSEY, M. D.,	

CHILLICOTHE, February, 1850.

Dear Sir—Will you be kind enough to collect the statistics in reference to calculous disease in your county, in accordance with the wish of the State Medical Society, and forward the same to me in time to incorporate the facts into a report for the next annual meeting, to be held in the first week in June next. Due credit will be given for all facts furnished.

To facilitate and simplify the matter, it would be well to arrange the facts in the following order, viz.:

1st. The No. of calculous diseases that have occurred in your county for the past twenty years.

2nd. The No. of cases that have occurred during the past ten years.

3d. The number of cases operated on, and by whom.

4th. The No. of cases determined by post-mortem examination.

5th. The No. of cases determined by sounding, and not otherwise.

6th. The No. of cases passing sand or gravel per urethra.

The age and sex of the subject; the number and character of the calculi; whether the water is strongly impregnated with lime, and the kind of rocks predominating in your county, are facts much desired wherever they can be furnished. Have you ever known any of the domesticated animals afflicted with this disease? Have you any specimens of calculi, analyzed, or that you would like to have analyzed?

It is hoped that all who desire to elevate the profession and increase its usefulness, will attend to these statistics, and forward the results as soon as practicable. By so doing, they will place the committee, as well as the profession at large, under lasting obligations.

Most respectfully, yours,

E. H. DAVIS, *Chairman.*

CONCENTRATED VEGETABLE INFUSIONS.—Mr. Donovan, in the Dublin Medical Press, quoted by the American Journal of the Medical Sciences, says that infusions of angustura, orange peel, cloves, cascarilla, catechu, colomba, gentian, quassia, rhubarb, senna, simarouba, valerian, and perhaps others, may be easily made to assume the concentrated form. If these infusions be directed to be prepared four times the strength of those at present in use, then one part mixed with three of water, will give the article required. The liquor of which the infusions are to be made should be a mixture of three parts of water with one of spirits of wine. An infusion made in this way will remain unchanged for any required time—at least a year, and perhaps many years. If an ounce of such an infusion be mixed with three of water, each table-spoonful will contain one quarter of a drachm of spirit, which could not do injury, even though repeated every two hours. It will perhaps answer the purpose better to make use of the mixture of spirit and water, for infusing the materials, than to use mere water, and afterwards to add spirit. In the latter method, a precipitation of gelatinous flakes, sometimes considerable in quantity, takes place, which very slowly subsides, and constitutes no small portion of the entire bulk.

In the former method, this inconvenience is in a great measure avoided, although there is a trifling loss of spirit. The residuum in each case should be submitted to the screw-press. Such concentrated infusions would in all probability become articles of manufacture with the large druggists and manufacturing chemists, and thus would the apothecary be relieved of a vast deal of unavailing trouble.

SIMPLE METHOD OF TESTING QUININE.—Our worthy friend, Charles Augustus Smith, Pharmaceutist of Cincinnati, has published the following plan for detecting stearic and margaric acids and spermaceti in sulphate of quinine, by means of chloroform. Six grains of the suspected salt are agitated in a test tube with a fluid drachm of chloroform for two minutes; the sulphate of quinine is then dissolved out by dilute sulphuric acid, the solution separated from the chloroform, which is then washed with distilled water, and suffered to evaporate gradually on a piece of paper. The fatty matter, if present to the extent of ten per cent, will be found on the paper, which will itself have a greasy stain on it.

SERIOUS MISTAKE.—In the Boston Med. and Surg. Journal for 23d January last, is a statement that Dr. Samuel Cobb, Jr., at a meeting of the Suffolk District Medical Society, read a communication from a private foreign correspondent, stating that by means of amygdalin, the administration of prussic acid may be rendered as safe as that of morphine or any other medicine. The formula given for its use is as follows: make with two drachms of sweet almonds, an ounce of emulsion, dissolve in it seventeen grains of amygdalin at the moment of using, and give *one large spoonful, which is equivalent to half a grain of the strongest prussic acid*. He must be a bold man who would give half a grain of strongest, i. e., anhydrous acid for a dose, that being the quantity contained in about *two drachms* of the Acidum Hydrocyanicum of the U. S. Pharmacopœia. The formula (which we have frequently employed,) is otherwise correct; but as will be self-evident, the dose is double that of the ordinary diluted prussic acid, which generally contains about 2 per cent anhydrous acid.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.—This is the term applied to a disease which has been reigning epidemically among the troops in Paris. The disease affects the system generally, and seems to depend on a contaminated state of the blood, or toxæmia, as proved by the various lesions of the different serous and parenchymatous structures. It

bears a great analogy with affections of the typhoid kind, and with malignant fevers. The antiphlogistic treatment so appropriate in ordinary spinal arachnitis, is not applicable to this disease, which has proved very destructive, and was almost always accompanied by purulent effusions.

CHLOROFORM—ELECTRICITY.—H. G. Luther, Dentist, of Boston, having administered chloroform to a lady patient, who, after the operation was concluded, remained comatose, pulse growing more and more feeble, deadly pale, and extremities cold, every thing else having failed, bethought himself of electricity. He immediately got out the battery, and passed a current through the system of the patient, gradually increasing its strength. In a few minutes she began to revive, and in a quarter of an hour was on her road home, on foot, perfectly recovered.

SULPHURIC ACID IN SINGULTUS.—Dr. Schneider recommends any of the preparations of dilute sulphuric acid as sovereign and speedy cures for the most obstinate and distressing hicough. The remedy is by no means a new one, having been employed by Duncan, of Edinburgh, “long, long ago.”

ALOETICO-FEBRIFUGIC ELIXIR.—M. Recamier has found the following composition very successful in treating obstinate agues and neuralgic affections :

Powdered socotrine aloes, - - - - -	6 parts.
Picked myrrh, - - - - -	6 “
Rum, - - - - -	150 “
Alcohol - - - - -	20 “
Macerate for twenty-four hours, and add to the filtered liquor—	
Sulphate of quinine, (previously acidulated), - - -	6 “
Sydenham's laudanum, - - - - -	2 “

The dose is a tea spoonful for children, a table spoonful for adults ; the patient to keep warm in bed, and abstain from drink at least two hours after each dose. In rheumatic affections, four parts of powdered colchicum may be added.

HYDROPATHY AND CHOLERA.—The able German correspondent of the Medical Times states, in the number of that Journal for Oct. 27th, that the hydropathists have suffered most severely from cholera. “They inundated the newspapers with the wondrous results of hydropathy, and their mode of treating cholera ; but alas ! not less than eight of their number died of that disease.”

The following case may serve to show the extraordinary forbearance of the stomach, though far outdone by the celebrated clasp-knife case. We take it from that rich mine, the Boston Journal :

"Some three years since, a young woman, about twenty years of age, who worked in the cotton factory at Whitinsville, in this State, after having been for a long time pale, weak, and diseased in the stomach, was obliged to leave the factory and call for a physician. He found her without appetite, and greatly emaciated—great pain and suffering in the stomach.

On inquiry by her physician, Dr. Robbins, she stated that for several years, while laboring in the cotton mill, she had been accustomed to bite off threads, which it was necessary to remove, in the process of performing her task, and swallow them. Believing that an accumulation of this cotton in her stomach might be the cause of her suffering, Dr. R. gave her an emetic. By this and other means he succeeded in procuring from her stomach a quantity of cotton, which, when dried, weighed *four ounces*. Rev. Mr. Clark, of Whitinsville, who saw the cotton, and saw it weighed, observed, 'There was cotton enough to fill my hat half full.'"

NEW LIGHT ON SMALL-POX.—A distinguished professor in one of the "reformed" schools of Cincinnati, has been edifying the good citizens of Columbus with a lecture on small-pox and cholera, in which we were told that neither of these diseases ever attacked persons in robust health, and that the lecturer, in an extensive practice of upwards of sixteen years, *never* lost a case of small-pox ; indeed, no one *could* die of that disease if properly treated. What the treatment was which had proved so uniformly successful, even in the most malignant forms of this disease, we were not informed, only that the learned professor never gave any thing to his patients which could injure them, nor any thing which he would not be willing to take himself under the same circumstances. We should like to see the physician who would act otherwise in *any* case—we *should*.

USE OF TABLE SALT.—According to the British and Foreign Med. Chir Rev., M. Plouvier has recently communicated to the Academy of Medicine at Paris, the results of a series of experiments which he has made on more than twenty-five persons, all possible precautions having been taken to secure accurate results. Beginning with the administration of a tea spoonful a day, taken at breakfast and supper, he increased the quantity by degrees to a table spoonful. All increased in weight more or less, some acquired more strength and vigour, without any of the

inconveniences of excess of nutrition, while others suffered from all the inconveniences of plethora, until the regimen was changed. The nutritive power of the salt was always most observable in feeble lymphatic subjects. After a certain period the progressive increase of weight is no longer observed, a stationary condition ensuing, the blood being now as rich, and nutrition as complete as possible—this fact explaining the opposite conclusions arrived at by different observers. The appetite is sometimes found to increase during the first 8 or 10 days, then to resume its normal condition, and after the first or second month to diminish. The most general and certain effect is the increase of the strength; heat is more readily generated, and the exposure to cold better borne.

ODDS AND ENDS.—Small-pox is about in various parts of New England. ---- An unusual amount of sickness has prevailed in Marshall Co., Indiana, the past winter, mostly enteric or typhoid fever, and of the most malignant kind. ---- Erysipelas is epidemic in many parts of Ohio, and has been severe and fatal in Akron. ---- A man at Hagerstown, Md., raised by coughing, a nut-shell that had been a year in the lung, wholly beyond the reach of surgical assistance. -- At Rambervilliers, France, horses have, it is said, had the cholera, and also cerebrospinal meningitis. ---- Suits for mal-practice are becoming quite common in most parts of the United States; they are found to terminate profitably for the patient, hence their frequency. In China, the American Missionary surgeons utterly refuse to operate, till a bond is executed to save them from this system of after-prosecutions, and that measure should be adopted in all our law-infected districts. ---- Sugar has been detected in the sweat of cholera patients. ---- Not less than 7000 persons are the subjects of cretinism in the kingdom of Sardinia alone. ---- The sixth vertebra of the neck has been found duplicated in the person of a gigantic Swiss drum-major. ---- A State Medical Society has been organized in Indiana. ---- Brandreth, the pill-maker, is a Senator in the New York Legislature, and member of a committee on Medical Colleges and Societies!! ---- The College edifice of the Berkshire Medical College was lately burned down; may a better one rise like a Phoenix from the ashes of the old. ---- Dr. N. D. Benedict, of the Blockley Hospital, Philadelphia, has been appointed superintendent of the New York Asylum for the Insane, made vacant by the death of the lamented Dr. Brigham. ---- During the late visitation of cholera in London, not more than five cases occurred among the Jews.

Our table is literally covered with new works, new editions, introductory addresses, &c., awaiting notice or review; we shall forthwith make a general clearance and jail delivery, and publish the awards of the court in our next.

We are again under the painful necessity of apologising for the late appearance of the Journal. Our august rival, in courting the favors of the printer, (videlicet the State Legislature,) quite eclipses our modest self, and we have to be content with what little attention our small voice may obtain.

OBITUARY.

At Northampton, on the 4th of January last, SAMUEL B. WOODWARD, aged 63 years, long the Superintendent of the Asylum for the Insane at Worcester, Mass.

At Macao, on the 17th of October last, JOHN BROOKE, M. D., fleet surgeon, of the United States squadron in the East Indies.

At Richmond, Virginia, in January last, JOHN CULLON, M. D., formerly one of the Faculty of Medicine in (?) Hampden Sidney College.

At his residence, Woburn-place, Russell square, London, on the 29th October last, THOMAS MORTON, surgeon to University College Hospital, and to the Queen's Bench Prison, from the effects of prussic acid, taken with a suicidal intent.

At the inquest, abundant evidence was produced to prove that the deceased, who was the son-in-law of the late Prof. Samuel Cooper, was insane. The deceased was a young man of great promise, universally beloved by all who knew him.

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ERRATUM.

Page 461, line 22, for "handle, the loss of that," read "the advantage to."

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No. V.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Diphtheritic Inflammation of the Pharynx, as it prevailed epidemically during the years of 1847, '48, and '49, in Morgan, Monroe, and Guernsey Counties.* By DAVID WELSH, M. D., of Cumberland, Ohio.

This epidemic made its appearance on the first of May, 1847, with great violence, in the vicinity of Sarahsville, Morgan county, Ohio, and continued to spread slowly and irregularly, until it embraced a large scope of country, sometimes confining itself to a few families in a neighborhood, for an indefinite time, and partially subsiding, then manifesting itself in some distant district, and proceeding in the same way, until it traveled over a large territory; not unfrequently revisiting the same families and neighborhoods as often as a third or fourth time, and not unfrequently, after an apparant subsidence of the epidemic for some weeks, simultaneously breaking out precisely the same time—perhaps the same period of the day, as nearly as could be ascertained.

This epidemic has been raging for nearly three years, and occasionally with great violence, while at other times it has assumed a milder character.

It would appear, by reference to medical periodicals, that this disease has been much more common in the Union within the last few years than formerly, and is consequently increasing in importance. It attacked children, from nine months to ten years of age, much the most frequently, though adults were not exempt from it.

The symptoms that characterised this epidemic, may be divided into local and constitutional.

The constitutional symptoms were generally vague and deceptive at the onset, there being but little to attract the attention of the careless observer—generally nothing more than apparent lassitude, with a dullness of expression, and slight tendency to somnolency, and generally moderate febrile excitement, and derangement of the secretions; the patient complaining little or none.

The above symptoms were all so slight as not to excite attention, except in those who were induced to anticipate the disease. They were co-existent with the local development of the disease, and as they increased, the general symptoms became more grave, the febrile symptoms more or less augmented, the pulse, in a large majority of cases, feeble, and rather small, with marked prostration of the vital forces; and in the severe grades of the disease, if permitted to progress, the bowels, which were previously costive, soon became irritable, and foetid diarrhœa set in with severe typhoid symptoms, a distressing sense of sinking, and cadaverous expression of the features, as things progressed to a fatal termination; the foregoing symptoms having been somewhat modified according to the peculiar terminations or changes to which the disease was especially obnoxious.

The first local appearance in this disease, consisted in a slightly swollen condition of the fauces, the tonsils presenting a pale-red, and somewhat mottled appearance, sometimes of a deeper tint, and confined more particularly to one side than the other. Very soon there could be seen concretions forming upon the inflamed surfaces, first in small circumscribed patches of an irregular shape, not very dissimilar to patches of curdled milk, of varying shades of color, sometimes whiteish-yellow, or ash color, and at other times of a dirty blueish tint. As the inflammation went on, these inspissated concretions spread and coalesced, presenting the appearance of false membranes, sometimes covering the entire pharynx and velum palati. These false membranes presented different degrees of consistence, from a soft pultaceous thin film, to a tough, thick, and somewhat elastic material. There was also much variation in thickness, from that of letter paper, to three or more lines; and after an indefinite time—from a few days to a week or more—these formations frequently commenced falling off; and if convalescence was about to take place, a new layer was formed in its stead, of less thickness, and the same process continued until the inflammatory action abated.

The tonsil and velum palati were sometimes so swollen as to affect the respiration and deglutition; the vitiated secre-

tions of the mouth and pharynx, were accompanied with an exceedingly fœtid odor; and blood could be seen oozing from the inflamed surfaces, which, together with the depraved secretions, frequently became very annoying to the sufferers.

Simultaneously with the progress of the disease in the pharynx, the cervical and salivary glands became enlarged and tender to the touch; this, however, was not always a concomitant. There was a bloated appearance of the face, especially over the orbicularis palpebrarum; and the pain and difficulty of deglutition by no means corresponded with the extent of the lesion present, they being slight, and causing but comparatively little complaining, and therefore calculated to mislead the judgment, without accurate examination of the phenomena. The muscles about the neck and inferior maxilla, were usually stiffened in proportion to the intensity of the diseased action.

A prominent characteristic of the inflammation, was its tendency to diffuse itself along the mucous membranes, and this constituted one of the principal sources of danger. It not unfrequently extended up the nasal passages, so that they became lined with false membranes; it rarely extended into the mouth, but occasionally into the œsophagus. The most dangerous extension was into the larynx, trachea, and bronchi, when the disease put on all the symptoms of pseudo-membranous croup, and threatened a speedy dissolution. Another serious feature in this epidemic, was the tendency to gangrene of the pharynx, exhibiting all the symptoms of that fatal malady.

Another characteristic of this disease, was the deposit of the same kind of product upon the cutaneous surfaces, wherever the epidermis was raised by a blister, or the skin was otherwise inflamed. A scarlet eruption on the skin was observable in about one case out of fifty, presenting somewhat the appearance of scarlatina, but it did not occur at the same period of the disease that the eruption takes place in scarlet fever.

The pathology of diphtheritic inflammation, and the precise character of its products, are perhaps not very well understood, and still presents an interesting field for future investigation. It has been pretty well ascertained, however, that the particular products effused by the inflammatory process, depend upon the kind of tissue involved, as well as the relative constituents of the blood, and grade of inflammatory action present. The primary seat of inflammation, in this disease, would seem to be in the submucous areolar tissue, from whence it is diffused to surrounding parts, (it being decidedly

diffusive in its character,) the blood-vessels being loosely protected very soon become over-distended, and a copious effusion of fibrinous matter takes place. This exudes through the mucous membrane, and forms a filamentous concretion upon its surface, rarely susceptible of organization, mainly from the fact that the proper secretions of mucous membranes supervene between the effused lymph and the blood vessels, thus preventing vascular connection, a condition indispensable to a complete organization of fibrin. When the inflammatory action extends into the air-passages, the fibrinous matter is thrown out with increased facility, in proportion to the thinness of the mucous membranes lining the different parts of the larynx, trachea, and air tubes; this will account for the speedy mortality that occurs when the air passages become involved, the pseudo-membranous matter closing up the tubes, and preventing the oxygenation of the blood in the lungs. Diphtheritic inflammation is decidedly asthenic, the constitutional symptoms being typhoid, and products cacaplastic as is usual in asthenic inflammation, which will also account in part for the production of the unorganizable fibrinous film, deposited upon the mucous membranes, and other inflamed surfaces.

But why is it that we do not have the same kind of product in all kinds of asthenic forms of inflammation? We have frequently inflammation invading the same tissues in anæmic, typhoid, and scrofulous patients, and yet the same products are not observed. There must be an inexplicable peculiarity in diphtheritic inflammation, dependent upon the state of the blood, which gives rise to, and modifies the effused material.

In many conditions of vital depression, where the fibrin is much degenerated, if inflammation be excited, its form will be asthenic, but the effused matter, though cacoplastic, will be quite different from those occurring in diphtheritic or pellicular inflammation in the same tissues; hence, there would seem to be no other cause to which to attribute the peculiar products of this form of inflammation, than that of the blood receiving some new poisonous material, or undergoing a change in its relative constituents; this, however, remains to be cleared up by pathological investigation.

The treatment resorted to in this epidemic, was necessarily prompt and energetic; the violence of the disease, its stage, and all modifying circumstances, being duly considered. One of the great indications of treatment, was that of changing the character of the inflammation from low and septic to active and healthy. This object could generally be accom-

plished by a combination of local and constitutional means, the former being the most important, and consisting in the application of stimulating astringents, escharotics, and antiseptics. The very best local application was that of nitrate of silver, in a solution of twenty grains to the ounce of water, increased in various degrees, as required by the condition of the parts; this solution was applied by saturating a piece of sponge attached to a whale-bone or stick, and applying tenderly to the parts affected, previously depressing the tongue with an instrument, repeated from twice to some half dozen times daily, according to the effect produced, and the urgency of the case. It was found advantageous to separate the false membranes, as far as convenient without irritating, so that the medicines might be brought into immediate contact with the diseased surface. In some cases, powdered alum proved to be a useful auxiliary, when blown upon the parts, but was not very frequently employed. The sol. of sulphate of copper, and dilute muriatic acid were used to good advantage, but were inferior in value to the nitrate of silver. As an antiseptic, a weak solution of chloride of lime was used as a gargle extensively, and proved very useful; occasionally a little was permitted to pass into the stomach. When the parts began to assume a dark and livid appearance, the escharotics were increased in strength; and in extreme cases, where the diseased action approximated gangrene, nitrate of silver was applied in substance to the parts, great care being used so as to apply it only to the parts in which there was diminished action. When flannel was kept on the thorax externally, and mild counter-irritations, short of blistering, such as sinapisms frequently repeated, or amoniated linaments.

The good effect of the solution of nitrate of silver, when applied to the pharynx, would seem to suggest the propriety of its application to the trachea or larynx, when practicable, where the disease first invades these parts.

When the parts investing the nasal cavities become implicated, a weak solution of nitrate of silver was employed, by introducing the muzzle of the syringe into the anterior nares; in the same manner, weak antiseptic washes for cleansing purposes, etc.

It may be remarked, that when this disease assumed the gangrenous form, the remedial means usual in that formidable malady were employed, but with little success; happily, these unfavorable terminations were rare, except in neglected cases, or such as had been injudiciously treated at first. The above named local management, when judiciously and early employed, in conjunction with appropriate constitutional

treatment, proved almost universally successful ; on the contrary, those cases which were treated on different principles, frequently resulted in death, either by the extension of the inflammation into the air passages, or gangrenes. There were a few patients in whom the disease had been severe, who were left, after its subsidence, with symptoms similar to those of incipient phthisis pulmonalis, which were successfully treated with the syr of iodide of iron internally, and frictions with salt water externally, fresh air, wholesome food, &c.

The constitutional treatment consisted of a mild antiphlogistic course at the onset, in a large majority of cases. The alimentary canal was cleared by a moderate cathartic, of calomel and rhubarb, or some other appropriate evacuant. If the presence of worms was ascertained, or other sources of irritation were found to be co-existing, they were removed as far as practicable. In the progress of the disease, mild evacuates, attention to the secretions, and regulation of the diet, constituted the main interval treatment. Venesection was not resorted to, except in plethoric subjects, where the inflammatory action partook more particularly of the thenic character, or depletion was rendered necessary by accidental complications. The disease in this epidemic usually persisted from one to three or four weeks, and in debilitated constitutions it became necessary to husband the strength with great care. In scrofulous, or otherwise cachectic subjects, with a strong tendency to gangrene, the body was washed with salt water, once or twice daily, frictions to the skin, pure air, together with all the means requisite to support the general health, were put in force.

The extension of the disease into the larynx, almost always proved an unfortunate event; death closed the scene generally in less than twenty-four hours. I know of no case that resulted favorably during this epidemic, after the respiratory organs become involved. The great rapidity of progress, and the violence that characterized this disease, after it assumed the aspect of pseudo-membranous croup, left but little time for remedial means ; bathing and emetics were of but little avail ; the mercurial treatment was not resorted to, so far as the writer is aware, though recommended by high authority for the purpose of dissolving and promoting the absorption of the formation upon the mucous membranes, but it was feared that the fœtid breath, the swollen condition of the gums, and strong tendency to gangrene, would render the first appearance of ptyalism incognizable, and thereby endanger the disastrous consequences incident to the heroic administration of mercur-

ry to children over the age of two years. These facts, connected with the shortness of the time for the employment of remedies rendered its use of doubtful propriety, except, perhaps, in a very small minority of cases.

ART. II.—*On the Use of Sulphate of Quinine in Intermittent Fever, and the Popular Prejudices on that Subject.* By LYMAN POTTER, M. D., of Kilbourn, Ohio.

Whatever may be the mode of action by which quinine suspends the paroxysms of ague, it is certain that it *does* suspend them; and it is also certain that relapses after its use are of frequent occurrence. These frequent relapses have tended to bring the remedy into disrepute. If there be any remedial agent which is more certain, and at the same time cheaper and equally safe, it is highly desirable that it should be especially commended to the attention of physicians. Is there such a remedy? I know of none. I have used as adjuvants various substances which have been highly extolled, but I have not been able to decide that any combination answers better, as a general rule, in uncomplicated ague, than simple, uncombined sulphate of quinine.

I have spoken of quinine *only* as a remedy for intermittents. This preparation has nearly supplanted the use of Peruvian bark in other forms. It is more important than any other medicine in these affections, and in most instances no other is *essential* to their cure. There is often some organic or functional derangement to which it is well to attend; but this is of such a character that the unassisted efforts of nature will commonly remove it if the paroxysms be suspended.

It is admitted that intermittents frequently, nay generally, return, after they have been interrupted by this celebrated anti-periodic; and it becomes important to know whether it can be so given as to effect a permanent cure. I think it can; but it requires a free and somewhat protracted use of the remedy to be sure of "breaking the chills," and preventing their return. A long continued use, however, is not recommended by all our standard authors. Dr. Eberle recommends us to wait until five or seven paroxysms have occurred before we attempt to arrest them. I have in a few instances followed this plan with partial success. Dr. Ball, in speaking of the means to prevent relapses, says—"tendency to, or the actual presence of anæmia will be met by the additional aid of chalybeates, alternating or combined with bark, or its salts." This direction will not meet the exigency; for we often see,

instead of anæmia, returning vigor immediately preceding a relapse.

Authors do not always take into consideration the fact of endemic influence. That treatment, which will thoroughly eradicate an intermittent occurring in a location where only occasional cases are to be found, will often fail to accomplish the same thing in the places where, or at those seasons when it is prevalent. Removal to a country free from the disease would doubtless facilitate the cure; but it can, I think, in our country, be cured with some approach to certain without removal. Dr. Wood says—"in most cases, the first recurring paroxysm shows itself about two weeks from the time of the last chill. All that is necessary is, two days before this period of expected relapse, to give as much sulphate of quinia as might be necessary to arrest the disease, if formed; namely, from 6 to 12 grains each day. This plan should afterwards be continued weekly for a month or two." This plan, but slightly modified, I have generally found completely successful, whenever it has been carried out in full. But many patients are unwilling to take quinine to this extent. The expense is one objection; another, and more plausible, if not more powerful, is fear of its constitutional effects. When the paroxysms have been suspended—when the patient has a good appetite, and feels well, he thinks there is no need of continuing to take costly and "dangerous" drugs. Hence the frequent relapses—hence, in part, the discredit which has been thrown upon quinine as a remedy.

What originated, and what sustains this popular prejudice—this fear of quinine? It is, I think, in a great measure created by those unprincipled venders of nostrums, who seek, by bringing well-known remedies into disrepute, to sell at enormous profits the self-same substances they condemn. It is favored also by those wishing to be considered regular scientific physicians, who pretend to cure ague without its use.

This prejudice against one of our best—one of our most indispensable instruments for combatting disease, often places us in embarrassing circumstances. Called, perhaps, to a patient laboring under fever of a pernicious (or strongly congestive) form, whose life is in imminent danger from a single returning paroxysm, the family and friends all afraid of quinine, enter their protest against its use. What is to be done? We have reason to fear that if we withhold the drug, our patient will die, despite our best endeavors; we have reason to believe that if we insist on giving it we shall be discharged, and the patient will perish, or be saved by a less scrupulous doctor, who will give the remedy under false pretences, and

thus increase the existing prejudice against our medicine and ourselves. The circumstances are urgent. Our patient's safety—our own reputation—require the medicine to be administered, but it can only be given clandestinely.

Taking this view of the subject, and supposing that our conduct will affect this case alone, the urgent necessity would seem to justify, to even demand the deception. But this individual case is *not* all that is likely to be affected by the conduct of the physician. He is saying by his acts that this medicine can with propriety be laid aside—that even those cases in which its employment is considered most essential, can, without it, be treated with as prompt and complete success as with it. He is throwing the whole weight of his influence to increase that popular prejudice which embarrasses his brother physician, if not himself—which endangers the lives of *their* patients, if not of his. He may thus, if not detected, temporarily increase his notoriety; he may, among the credulous and prejudiced, extend his practice at the expense of his more conscientious neighbors; but wherein does he differ from those vendors of quack medicines whom he so loudly condemns?

We are often placed in such circumstances, that, looking only at immediate consequences, deception appears the better way. But we should consider the ultimate, as well as the proximate effects. One deception creates a real or imaginary necessity for others, in order to avoid the humiliating acknowledgment that we have acted hypocritically. Notwithstanding there may be very strong inducements for concealment, I believe that, taking all things into account, "honesty is the best policy." If a patient die because he and his friends refuse to comply with our directions, the responsibility will not rest upon us. Can we say the same when our simulated belief in what we know to be untrue, leads others to the commission of fatal error? The medical profession almost unanimously agree in condemning quacks and quack medicines. If there be a quack whose conduct merits especial censure, it is, in my opinion, he who, claiming to be regularly educated, descends to the artifice of fomenting popular prejudice by imposing upon popular credulity.

Case of Difficult Labor; Convulsions; Twins; Craniotomy; and of Delirium Tremens, with Fracture of the Collum Femoris, very Extensive Sloughing, and Recovery. By ADAM KOOGLER, M. D., of Greenville, Ohio.

March 5, 1849.—I was called to Mrs. ———, aged thirty-eight years, in labor with her second child; got there about ten o'clock, A. M.; found her with an enormously distended abdomen, hanging down almost to her knees. She had slight pains coming on at regular intervals, and on enquiry, I learned that she had first felt them about one o'clock, A. M., and that they had continued up to the present time of about the same strength and regularity.

On examination, I found the os uteri very soft and dilatable, so much so that I concluded there could be no obstruction to a speedy delivery from that source; and as the soft parts were in a very relaxed condition, I was fully able to make out the part presenting, which I found to be the vertex, and that in the most favorable position. From the situation of things, I felt no uneasiness about the matter, supposing that there would soon be an increase of uterine action, and the labor easily and speedily completed. However, after waiting about two hours, without any apparent increase of uterine action, the os uteri being well dilated, and the foetal head engaged in the pelvic canal, deeming it a proper case for the administration of ergot, I immediately proceeded to give that medicine, in twenty gr. doses, every twenty minutes, until one drachm had been taken, without any perceivable effect whatever upon the action of the uterus.

I then concluded, from the remarkably distended abdomen, that the want of contractile power in the uterus, might be caused by over-distention of its walls, and that by rupturing the membranes, discharging the liquor amnii, and thereby lessening the contents of the uterus, it might be stimulated to contraction. Without much difficulty, I succeeded in rupturing the membranes, when a very large quantity of liquor amnii was discharged, soon followed by slightly increased parturent action, which brought the head into the inferior strait, from which position the uterus seemed not to have the power to move it. I then administered the ergot, in thirty gr. doses, every twenty minutes, until three doses had been given, still without any increase of uterine action.

As the ergot had entirely failed, and as I could not command instruments, there being none to be had near, I concluded to await the powers of nature. At twelve o'clock at

night, there was some increase of the uterine action, and at one o'clock she was delivered of a large and healthy-looking dead child, which, perhaps, with instruments judiciously used, might have been saved, as it was evidently living until within a few hours of its delivery.

I now ascertained, what I before anticipated, that there was another fœtus in the womb, which in a short time presented at the superior strait; but after slightly engaging in the pelvic canal, the action of the uterus almost entirely ceased. Soon the patient sprang from the bed, and threw herself with violence upon the floor, in convulsions. I replaced her in bed, opened a vein, and drew about a pint of blood, which relieved the convulsions, but left her very much enfeebled, the pulse very quick and weak, and the powers of life giving way. Being convinced of the death of the fœtus, I concluded that if craniotomy was performed, and the size of the head reduced, that possibly the powers of the uterus, with my assistance, might expel the fœtus. Having no other instrument at hand, I made use of my pocket knife, and succeeded in inserting the blade within the cranium, through the posterior fontanel, and carrying it along the sagittal suture, succeeded in making an opening sufficiently large to insert my fingers, and break down the brain. I was thus enabled to make traction, and finally succeeded, almost entirely unassisted by the action of uterus, in extracting a dead and putrid child, emitting a most intolerable smell. The uterus contracted upon itself, the placenta came away without much difficulty, the patient had but little hemorrhage, and finally, after a somewhat tedious confinement, made a perfect recovery.

The weight of the two children, jointly, was over seventeen pounds.

February 1, 1847.—I was called to Jacob Zook, aged about 50 years, a blacksmith by trade, when I found him laboring under a violent attack of delirium tremens, and on inquiry, learned that he had been in that condition for the last ten days. The first intimation the family had of any thing being wrong with him, was their finding him lying on the floor, perfectly delirious, and unable to rise. They were not alarmed, as he had had delirium tremens before; they therefore placed him on the bed, and there let him lie, until one of his neighbors coming in, and supposing from his inability to rise that there was some other difficulty with him, had me immediately sent for. On examination, I found eversion of the right foot, with shortening of the limb, and very great effusion of blood into the cellular tissue of and thigh, extending

into the hip and groin, some distance up the abdomen, and back towards the spinal column, the shin having a very dark appearance. Believing there was a fracture of the femur somewhere about its neck, I had an assistant to take hold of the foot, and make extension and rotation of the limb, crepitation was distinctly heard by others, as well as myself. My diagnosis was, that there was a fracture of the neck of the femur within the capsular ligament. I gave half a grain of sulphate of morphia, and in thirty minutes repeated the dose. I then proceeded to dress the limb, by applying Physic's modification of Desault's splint, and succeeded, with a good deal of difficulty, as the patient was in constant motion. Afterwards, I gave him sixty drops of laudanum, to be repeated every two hours, until sleep was produced.

Feb. 2.—The patient slept none through the night; delirium about the same; readjusted the dressing, and ordered castor oil and turpentine to be given every three hours until the bowels were freely acted upon, and then sixty drops of laudanum every two hours, until the patient slept.

Feb. 3.—The bowels freely moved; had some sleep; still continues delirious, but occasionally answers questions rationally; refuses to take any nourishment whatever; when put in his mouth, instantly spits it out again. Ordered the room darkened, as much quietness to be observed as possible, nourishing food, and if wakefulness continue, thirty drops of laudanum, in a little wine, every two hours, until sleep was produced.

Feb. 4.—The patient slept a little through the night, but refuses all nourishment; still continues delirious, and instead of wild gesticulations is now picking at the bed clothes, with low muttering.

I removed the dressing, and found that sloughing had commenced, in those parts in which blood had been effused. I therefore discontinued the dressing to the limb entirely, as none could be applied without coming in contact with the sloughing parts. Ordered nitric acid lotions, with poultices, wine and bark internally, with laudanum to procure sleep, and what nourishment the patient would take. I could not see the patient until

Feb. 6.—When I found no change, except in the increase of the sloughs, the low muttering continues, takes the wine and bark when offered; will not swallow any nourishment; is in a state of extreme prostration; almost entirely insensible, and has involuntary discharges from the bowels. The same treatment to be continued.

Feb. 7.—Found the patient much the same; removed large

pieces of sloughed integuments. There was an appearance of sloughing taking place on other parts of the body, which increased from day to day, until it seemed that the patient would literally rot and fall to pieces; and he was not inaptly compared by one of his neighbors to a rotten pumpkin. His sores emitted an intolerable odor, so much so that we could with difficulty stay in the room. This condition of things continued with little change up to the eighteenth day, when the system seemed to react, sensibility returned, sloughing ceased, and the ulcers began to assume a more healthy appearance, the healing process commenced, and went on rapidly, until the cicatrization was completed.

The treatment in this stage was with stimulants, with tonics, and opium; the only nourishment taken at this time, was raw eggs, beat up in wine—a mixture not suggested by myself, but by the individual who nursed him, and it was the only nourishment he would swallow.

In the mean time, I had not lost sight of the fracture; but as no dressing whatever could be applied, on account of the sloughing, I used every means in my power to keep the limb as quiet as possible; and at the end of six weeks I found that there had but slight, if any change taken place; crepitation was almost as distinct as when I first saw him, eversion of foot about the same, with some pain on moving the limb. I was satisfied that it would not do to dress it in such a manner as to confine him to bed. I therefore had a splint made, about four inches wide at one end, and three at the other, long enough to reach from the crest of the ilium, to just above the knee. I had it made sufficiently concave to fit the thigh; at the widest end had two holes made, to use in producing counter-extension, while the other end was made very thin, with notches cut on the convex surface, the better to retain any bandages that might be applied. After properly padding this splint, I placed it along the outside of the thigh, and applied a roller bandage, well soaked in starch, from the knee up to the groin. When dry, it fitted so closely to the limb as to form a perfectly immovable case; and on extending the limb, and applying the perineal band, confining its ends through the holes in the upper part of the splint, I found that sufficient counter-extension would be kept up, to keep the limb permanently extended, with lateral pressure enough to keep the fragments in apposition. The advantage of this mode of dressing was this: the patient could flex his leg upon the thigh, and by confining it in that position, by means of a band passed over the shoulder, and under the leg, he was enabled to use crutches, and to hobble around and attend to his

business, which added greatly to his comfort, and improved his general health. The bandage was removed every few days, and a fresh one applied; this course being continued for about two months, when all dressing was discontinued. Six months from the time of the accident, he was working at his trade, with the limb somewhat shortened.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Observations upon Epidemic Typhoid Fever, which prevailed along the Valleys of the Oswego and Honeyoye Creeks, in the counties of McKean and Potter, Pa., during the Summer and Winter of 1847; and upon the use of Calcined Mercury in its early treatment.* By R. P. STEVENS, M. D.

I remark that this fever was preceded in every neighborhood, in each family, and in every instance, by an epidemic influenza. The character of this influenza was, upon the whole, mild, although in three cases it induced consumption, in persons predisposed to phthisis, which ended fatally; and in several others acute bronchitis, which, however, easily yielded to appropriate treatment.

The symptoms of this influenza, as felt by myself, were as follows: A sudden invasion, violent sneezing as if some insect was irritating the schniderian membrane—and not only irritating, but also stinging it. I presume I sneezed a hundred times in a ride of as many rods. In a few hours an irritating cough followed, with some oppression of the chest, deep-seated pains, with soreness of the flesh; chills, with flashes of heat rapidly succeeding each other; dryness of the skin. A remarkable feature, always attending, and generally supervening the third day from the attack, was salivation and folliculitis of the mouth and fauces. In some cases the pyalism was so severe as to lead the patients to suppose that they were affected with calomel. Severe constipation of the bowels attended, though in some cases diarrhœa was present. I prescribed for some one hundred cases, and there were many more so mild as to need only household remedies. This influenza preceded the fever some six weeks, yet in some cases they were nearly blended, the patient only convalescent from the first, before being attacked by the fever, the one apparently running into the other.

The general features of the fever were, in the graver cases, prostration of the strength, with chills, speedily followed by fever, a tensive pain in the head, ringing in the ears, deafness, oppression of the stomach, eyes suffused, face red, skin dry, pulse 100 to 120, and reluctant and vacillating; a general tremor, with difficulty in commanding the movement of the muscles, the patient appearing as if overcome with alcohol; the tongue trembling and forgetting to articulate more than half a sentence; coated with a slimy yellow coat in the middle, and successively changing to a light brown, dark brown, and lastly black; the tip and edges red, and soon assuming a glazed appearance; in the progress of the disease becoming cracked and sore; teeth covered with sordes; intense thirst, great heat of the skin, especially of the belly; the pulsation of the abdominal aorta felt its whole length; bowels costive; somnolence with delirium attended.

These symptoms are taken from a case which had no medical treatment whatever, and which, therefore, offered itself as the true type of the disease.

Treatment.—And here it is I wish to speak of the great and certain powers of the calcined mercury, in breaking up and overcoming the morbid impression made upon the system by this fever in its earlier stages; and I might remark parenthetically, not only in this, but in others, especially those of a congestive type, in every case where the tongue had a yellowish coat, a full emetic of this mineral was exhibited, sometimes aided by ipecac, where I wished a prolonged emesis. The ejections of the stomach were uniformly thick, viscid mucus, with bile. After the emetic a full dose of pulv. Dov. was administered with infus. eupatorium perfol.; epithems to the bowels. The day following, if febrile symptoms had at all remitted, Dover's powder, with quinine or sulph. cupri. with sulph. morphia and ipecac, were exhibited. This course of medication cured two cases in *two* days, ten in *three*, one in *four*, five in *five*, and four in *seven*. If, however, on the day following the emesis, the fever continued unabated, alteratives were prescribed until the dejections of the liver and bowels showed the influence of mercury. For this purpose hyd. cum cretæ, with ipecac, was preferred. Epispastics to the abdomen, and if great, somnia also to the nape of the neck, and in one case behind the ears. Carb. amm. and infus. serpentaria were freely exhibited. When the fever continued beyond the fourteenth day, carb. amm. with wine and sulph. quinine were largely prescribed. Rubefacients to the extremities, wrapping them up in cotton batting, having first bathed the cuticle with oleum monardæ. Three

cases ran fourteen days, two twenty-one days, and one proved fatal the fifteenth day.

A peculiar characteristic of the fever, was a tendency to a discharge of blood on critical days. If we take the case which serves as a type of the disease, we find it running fourteen days without treatment, most of the time sleeping, huddled up in the bed clothes, sliding down to the foot-board, and finally having a violent hemorrhage from the nose, mouth and rectum. Five had hemorrhage from the rectum alone; three from the nose; one from the stomach; one rather mild case, treated only with *infus. eupatorium perfol.*, had an alarming hemorrhage from the nose; one from the uterus, and another complicated with abortion in a woman accustomed to miscarriages.

To restrain the sanguineous discharges, ethereal ext, tannin was used with decided effect.

Where the fever assumed the nervous or sinking form, an *infus. serpentaria, columbo and valeria* in equal quantities, proved a valuable combination.

In two cases, where it assumed a periodical character, quinine in full doses promptly arrested it.

In one case, a patient aged fourteen years, subject to frequent attacks of epilepsy from infancy, opisthotonos appeared the third day, and proved fatal the seventh. In this case opium, with its alkaloids, exts. belladonna, stramonium and aconite, with wine and quinine, epispastics to the spine, were used in heroic doses without any mitigation of the symptoms, opium only expected: this would give some sleep, some brief forgetfulness of his terrible agonies. Great tenesmus and dysuria attended.

The calcined mercury which I use, is manufactured by Mr. Richards, an apothecary at Jordan, Onondaga Co., N. Y., by a process somewhat different from the formula of the U. S. Dispensatory, which renders its action more mild and equable than is described in that work. It is a fine, impalpable powder, of a yellowish rather than reddish aspect. In doses of one or one and a half grs., it is a prompt emetic. In these doses I prescribe it.

ART. II.—*Peculiar Case of Tetanus, occurring twelve days after the operation of "Excision of a Scirrhus Mamma."* By SAMUEL TYLER M. D.

Mrs. P——, aged seventy years, a very intelligent lady of Virginia, the mother of a numerous family, many of whom have been, and still are distinguished in the various professions and callings of life, visited Frederick, on the 13th day of December, 1849, for the purpose of having a scirrhus tumor of the right mamma removed.

She stated that the tumor of the breast had appeared spontaneously; and when first noticed, four years ago, was the size of a small walnut, and had gradually been increasing until it reached its present size, which was about that of a large orange. Near the right side of the nipple there was some little excoriation, produced by its having been lanced, and using external applications, previous to her visit to Frederick.

She was advised by my father—an old and experienced physician—and by myself, to the following effect: That as there was excoriation of a portion of the skin, it was highly probable that there was constitutional contamination, although there was no axillary or other swelling, independent of the tumor itself; but as that excoriation would certainly be the forerunner of deep ulceration, which would produce hemorrhage, lingering suffering, and death; and moreover, as she was so far advanced in life, and apparently of so robust and healthy a constitution, (her mother having lived to the age of eighty-six or more years,) her chances of a prolonged life would, in our opinion, be enhanced by the removal of the breast.*

On the morning of the 19th December, in the presence and with the aid of my father and Drs. Skinner and Johnson, I removed the tumor with the knife, having previously placed the patient under the influence of chloric ether, which saved her much suffering, although it did not act so well as in many instances in which I used it before—attributable, I think, to the extreme agitation which came over the patient just previ-

* I think it not amiss to state here, that we were strengthened in this opinion by the result of the following case: I removed a tumor, having many of the characteristics of scirrhus, (a large fungoid growth protruding from an ulcerated portion of the breast, the whole mass weighing nearly eight pounds,) two years since, from the person of a very delicate lady, aged about 45. She is now living, and in better health than she has been for many years.

ous to the operation, having made a great effort to be composed for several days before.

After the operation the wound was dressed in the usual way, and the patient placed in bed. Until the period of the first dressing, which was prolonged to the 23d, she continued in as good a condition as could have possibly been expected, excepting some occasional nervous spells, which were always relieved by stimulants. On the morning of the 23d the wound was opened and dressed. It looked healthy, with some little suppuration in the upper portion. During the dressing, the patient was considerably affected by the smell of the wound, though her spirits were lively and cheerful. Stimulant treatment and nutritious diet were continued, and a mild aperient to be administered *pro re nata*.

25th.—Dressed the wound. There was very free *laudable* suppuration all over the surface, with some healthy granulations in the upper part. Her condition generally good. Same treatment continued.

The same condition of things in reference to wound and patient continued until the evening of the 1st of January, when she complained of stiffness in the back of the neck, which was attributed to the position of her head in the bed. This was changed, and an opiate administered.

Jan 2d, 9 A. M.—There was a slight degree of trismus, so slight though, as to lead us to hope that it was mere apprehension. At this juncture, and not *until then*, we were informed that the patient had for years had a continual horror and fear of dying with tetanus. The wound, which still looked healthy, discharging *laudable pus*, was dressed, chloric ether being administered at the time. Ordered pills of camphor and opium every four hours, with occasional inhalations of ether in the intervals. This treatment at times seemed, and undoubtedly was beneficial, and we indulged the hope of her recovery. Some of her symptoms resembled those of the case not long since reported by Prof. Jackson, of Philadelphia, (see *Am. Jour. Med. Science*, April, page 28,) such as being greatly agitated, and sometimes spasms being produced by the least tread of a slippered foot, or the rustling of a dress. She had, however, no fear or dread of water. The exhibition of opiates, especially a camphorated tincture of opium, occasionally released the fixedness of her jaws, as if it were by a charm, but the beneficial effects were never lasting in their nature.

Without going further into the minutiae of the case, suffice it to say, that the tetanic symptoms increased violently, and baffled all treatment, until death closed the scene of this sad case, on the morning of the 8th of January, in the form of ataxia and adynamia. Her mind was nearly always clear. It should be recollected that, as was before men-

tioned, from the moment the first symptom of this dread disease appeared, and it could scarcely be called a symptom of *tetanus*, the patient gave herself up to the apprehension or imagined certainty of death. What, in my opinion, is a great peculiarity in the case, besides her age, *tetanus* rarely ever occurring after the fiftieth year, is the fact that the wound continued discharging healthy pus, and was covered with fine healthy granulations, up to the very moment of dissolution, and in every way presenting the most favorable appearance. I will also state, there was but one *artery ligature*, and it very small. The wound had also cicatrized greatly, one half being closed at the time of death. These facts certainly are not in accordance with the experience of the profession, in reference to traumatic *tetanus*. Then, was this disease produced by apprehension, is a query which I think this case justifies being put to the profession. It may serve to excite interest with reference to this most interesting disease, and probably tend to its elucidation. The neuro-dynamic force of the system has nothing of a settled nature, and hence its irregularities must tend to making our knowledge of it the more uncertain. In *tetanus*, nervous ataxia exhibits its culminating points; if we can only understand this completely, we have made considerable progress towards a full knowledge of the laws governing the nervous system.

I would add, in conclusion, that I can find on record no case of *tetanus* occurring after removal of the breast, but one, which occurred some years ago in St. Bartholomew's Hospital, and its history is not given.

Frederick City, Md.—*Ibid.*

ART. III.—*Pleuro-pneumonitis complicated with Pericarditis, masked by delirium.* By AUSTIN FLINT, M. D., one of the attending physicians to the Buffalo Hospital of the Sisters of Charity.

Philip Crotty, apparently about 35 years of age, was brought to the Hospital on the 10th of December, 1849, by two men, who seemed to be intoxicated, and nothing was ascertained relative to the previous history of the case.

He was actively delirious during the night, constantly attempting to get out of bed, and muttering. He appeared to have visual illusions. The attendants thought he was intoxicated.

On the 11th Dec., A. M., he was tranquil, and when spoken to, made no reply, shaking his head. Eyes had a wild, staring expression. Face presented cutaneous congestion. Teeth encrusted with sordes. He could not be made to protrude his tongue, but, in so far as it could

be examined by depressing the lower jaw, it was thinly coated, and dry. Abdomen retracted. No eruption on chest, or abdomen. No abdominal tenderness. He had urinated in bed during the night. Had not asked for food or drink. Skin warm and moist. Upper extremities presented cutaneous capillary congestion. Pulse small, feeble, and not accelerated. Some picking of the bed clothes. Hand most of the time during the examination of the case was working at one of the buttons of his shirt.

Treatment.—Let the hair be cut close to the head. If active delirium recur, give tart. ant. et pot., gr. $\frac{1}{8}$, hourly, omitting if it occasion nausea. Mustard pediluvia. Cold application to the head.

12th, A. M.—Passed the day, yesterday, quietly; exhibited delirium at evening, but after taking the antimony became quiet, and so continued during the night. Appearing prostrated, a little brandy was given. Now lies awake, but keeps his eyes fixed on the bed. Cheeks present deep capillary congestion. Will not protrude his tongue, nor reply to questions. Is docile; makes no resistance to examinations, or moving the body. Tongue, so far as can be examined, is moist. Abdomen flat, soft, without tenderness. No eruption. Has had no dejection. Passes urine in bed. Muttered somewhat during night. Asks for nothing, and drinks, as well as medicine, are forcibly administered.

Emp. vesicat., 6 by $2\frac{1}{2}$, to nucha. Repeat tart. ant. et pot. if febrile movement or delirium occur. Mustard pediluvium night and morning. Cold applications to head.

13th.—Aspect somewhat improved. Talkative during night, but did not attempt to get out of bed. Urinates in bed. Asks for nothing. Blister has vesicated well. Lies wakeful most of the day, with his eyes fixed on one object. Changes his position occasionally. No dejection. Took milk porridge twice during night.

Tart. ant. et pot., grs. $\frac{1}{8}$, every two hours, omitting if it nauseates or prostrates. He has had brandy occasionally. Let this be omitted unless there are evidences of sinking.

14th.—Delirious during greater part of night, talking to himself, manœuvring with the bed clothes, and picking at invisible objects. Became quiet subsequently, and this morning asked for food. Said he would like some toast and tea. He is quite deaf. Replies to questions. Says he is better, but thinks he has committed some crime, and says he has been out of his senses. His mind evidently labors under some delusions. Aspect improved. Protrudes his tongue readily. It is clean, and dry in the centre. Face and upper extremities continue congested. Skin cool. Pulse 92, soft. He was got up last evening, and passed

fæces and urine. Did not intimate any desire for these evacuations, but was got up for that purpose. Has not urinated in bed since yesterday morning. Used the urinal this morning. Abdomen not distended. No eruption. The antimony was continued through the day, yesterday, up to nine last evening. It did not vomit him, but he seemed to be slightly nauseated. Has had no perspiration. Got about half an ounce of brandy every four hours yesterday. Medicine, drink and nutriment were given, yesterday, with a good deal of trouble, owing to his resistance. Continue brandy, half an ounce, every four hours, and nutritious diet.

15th.—Between nine and ten, P. M. last evening, he became actively delirious—shouting, and crying, as if from apprehension of danger. Continued so until 4, A. M., of to-day, and since then has been quiet. Ate toast and tea for breakfast, and seemed rational. Now sleeping, and lest I should awaken him I did not prosecute examination of symptoms.

16th.—Passed a quiet night; seemed rational this morning. Took food with relish. Says he is better. Pulse (not enumerated) moderately accelerated, small, and soft. Skin warm and moist.

18th.—Actively delirious night before last; more quiet last night. Labors under the delusion of danger from personal violence. Countenance presents a fixed and somewhat frowning expression (expressive of a mental state, not sensibility to light.) Protrudes his tongue, which is red, dry, and scabby. Had copious dejection yesterday, natural in appearance. Gets up to urinate. Urine deposits lateritious sediment. Skin warm. Pulse somewhat accelerated, soft. Respiration normal.

Let his head be shaved, and apply emp. vesicat., 6 by 6. Rub into axillary and inguinal regions, successively, ung. hydrarg. ʒss. night and morning.

19th.—Passed a quiet night. Reports better. Aspect improved. Slight frowning continues. Tongue thinly coated and dry. No dejection. Skin warm and dry. Pulse 100, soft, compressible. Asks for water frequently, but has no desire for food. Mind appears to be dull—difficulty of apprehending the import of questions. When asked repeatedly if he has pain, and where, he replies in the affirmative, and places his hand on the occiput. No distension of the abdomen. No tenderness. No eruption. Blister to scalp not applied until this morning. Made no resistance to shaving the head. Cont. inunction.

22d.—Active delirium on the night of the 19th, so that it was necessary to transfer him from the general ward to a room by himself. Has been actively delirious succeeding nights until last night. Quiet through the day. Now lying quietly. When asked how he is, he replies, “*guil-*

ty." This answer he returned to the question several times repeated. Lies with his eyes fixed upon the bed. Takes no observation of persons or things around him. Does not look up when spoken to. Protrudes his tongue when desired. It is reddened, clean, and inclined to dryness. Skin rather hot and dry. Pulse 120, soft. Bowels soluble. No vomiting. Blister on cranium vesicated moderately. Inunction has been continued, but sometimes imperfectly performed, owing to his resistance.

Iodid. potassii, grs. x., three times daily. Cont. inunction.

23d.—Talkative during night, but did not attempt to get out of bed. Passed urine in bed, but feces in stool, having been got up for that purpose. His muttering denotes that he thinks he is in jail. Now sleeping, but roused, without difficulty, and with a sudden start. Says, on being asked how he is, that he "is very well, and as strong as a horse." Face congested. Sordes on teeth. Respiration is, and has been normal. No cough. Tongue clean but dry. Dejection this morning large, solid and natural. Skin warm and dry. Pulse 112, feeble. Took some food.

24th.—This morning, at about two o'clock, complained of pain in the inferior lateral portion of left chest. Continued to complain for several hours. Sleeping on my approaching his bedside, but readily roused, and referred me to the seat of the pain. Said it was a sharp, catching pain. He has no cough, nor expectoration.

On percussion of inferior anterior and lateral portion of left chest, tympanitic resonance, evidently denoting presence of gas in stomach, not sufficiently intense to indicate pneumothorax. No respiratory sounds. Posteriorly, flatness over the left inferior portion of chest. Slight crepitant rale in the latter region at end of inspiration. He seems rational. Teeth covered with sordes. Tongue dry and hard. Skin warm and dry. Pulse 128, small. Dejection yesterday. Gums look reddened and swelled, but he says his mouth is not sore. No mercurial fœtor. Inspiration somewhat shortened and quickened. No dilation of *alæ nasi*. Respiration 24.

Discontinue mercurial inunction, and the iodid. potassii. S. Quinæ, grs. i., pulv. Doveri, grs. iii., three times. Carb. ammoniæ, grs. iv., every four hours. Milk and farinaceous diet.

25th.—Several dejections during the night, none passed in bed. Asked for the vessel. This morning awake. Cannot be made to answer questions or protrude his tongue. Wishes to know why he was not hung before, etc. Skin warm. Pulse too indistinct to be enumerated. Continued treatment.

26th.—Passed a quiet night. Now awake. Exhibits tremor of upper and lower extremities, (possibly from cold.) Moans with respiration.

Pulse 120, so feeble and small as with difficulty to be enumerated. Complains of pain in left shoulder, and beneath ribs of left side. Tongue readily protruded, dry, fissured. No cough or expectoration. Replies to questions coherently, but continues talking, and with incoherence. Disposed to be talkative. Says his pain in the side is a stitch.

Flatness on percussion over left chest posteriorly. Tympanitic resonance anteriorly and latterally, tubular respiration posteriorly, and bronchophony. Continued treatment, adding brandy, 3ss every four hours.

27th.—Sleeping quietly, but easily roused. Looked at me and smiled. This is the first time he has been observed to look pleasantly. Five or six dejections during night. Complained of pain beneath ribs of left side. When asked how he feels, said, "sometimes good, and sometimes bad." Teeth covered with sordes. Tongue dry and hard. When a question is addressed to him, he commences talking in an incoherent manner, and is not disposed to stop. Pulse filiform, two pulsations occur in quick succession, followed by an intermission of several beats. Skin warm and dry. Respirations, 32. Inspiration rather quick. Dilation of alæ nasi. He seems in excellent spirits; asked me, when leaving his bedside, if I "was not going to bid him good bye," and laughed aloud.

Continue treatment, giving enema of t. opii., if dejections are frequent.

Death occurred the night of this day, preceded by coma for several hours.

Autopsy about twelve hours after death.—Head was first examined. The superficial veins of the brain presented considerable congestion. Arachnoid membrane over the superior surface of cerebrum, exhibited slight opacity. No effusion of fibrin otherwise appreciable. No sub-arachnoid serous infiltration. Cut surface of cerebral substance presented red points. Ventricles empty. Choroid plexus moderately congested. Consistence of cerebral substance normal. Effusion of serum, slightly turbid, in the arachnoid cavity, the quantity collected at the base of the cranium, and escaping from the spinal cord on elevating the body, amounting, by estimation, to between two and three ounces.

Chest was next examined. Right lung free from adhesions, and healthy. Usual amount of hypostatic congestion of dependent portion. Left pleural cavity contained, by estimation, about twelve ounces of turbid serum. Left lung, and costal pleura, presented large patches covered with fibrin, from three to five lines in thickness; in some portions semi-fluid, in other portions semi-organized. No adhesions, except nigh to

the sternum. Both lobes of left lung solidified, not crepitating on pressure, and cut surfaces exuding serous fluid, but slightly spumous. No purulent infiltration, or abscesses.

Heart. Pericardium presenting universal layer of lymph, having the appearance of rugæ, and several cords extending from the surface of the heart, to the pericardial sac, an inch, or more, in length. Large fibrinous coagula in each ventricle, without red corpuscles, not firmly adherent to endocardium. Endocardial membrane normal. Valves sound.

Abdominal organs not examined, excepting the lower portion of the ileum, the lining membrane of which presented no morbid appearances.

Remarks.—The reader, having carefully perused the foregoing case, which is copied from the Book of Hospital Records, will, we imagine, have experienced some surprise on comparing the symptoms during life, with the appearances found after death. We are free to confess that the encephalic lesions were far less than we had expected, and that the views we had entertained of the disease, prior to the death of the patient, were falsified. Being uninformed concerning the history of the patient before his entering the hospital, we were unable to arrive at a positive diagnosis. At first we supposed it might be a case of fever, although the character of the delirium was different from that which usually attends the febrile career. As the case advanced, this supposition was found not to be tenable. We entertained some suspicions that it might prove to be a case illustrating a variety of *delirium ebriosum*. But the phenomena of its progress disproved, also, this idea. The symptoms seemed to us to denote that the head was chiefly and primarily affected, but whether the patient was laboring under subacute inflammation succeeding an acute attack, or under subacute inflammation developed *de novo*, we felt unable to decide. We are free to confess that we did not suspect the existence of pulmonary disease prior to his complaining of pain in the chest on the 24th. There were no rational indications of pulmonary disease—no cough, no expectoration, no embarrassment of respiration, no indications of pain, and, at first, little or no acceleration of the pulse. Nevertheless, overlooking the pulmonary affection was censurable, for physical exploration of the chest, at a previous date, would have disclosed the fact. The case may serve to exemplify the importance of physical exploration in which there are no rational symptoms pointing to disease of the organs contained therein. That an earlier discovery of the pleuro-pneumonitis would probably been of little or no practical advantage to the patient, in so far as medical treatment is concerned, while it affords no apology, may serve to diminish the self-reproaches of the reporter. The non-discovery of the pericarditis is certainly far more

excusable, inasmuch as the difficulty of diagnosis is vastly greater, and, under the circumstances, probably could not have been made with positiveness.

We would impress upon the attention of the reader the interesting illustration which this case affords of the existence of plüero-pneumonitis, the entire left lung being withdrawn from the function of hæmatisation—the pleuritis usually predominant, as a complication of pneumonitis—while not a single symptom existed suggesting the inquiry whether disease existed within the chest.

Having, at length, ascertained the existence of pneumonic inflammation, a conclusion, both natural, and, under the circumstances rational, was, that the encephalic disease had precedence, the lungs becoming subsequently affected, its development and progress being masked by the former. This succession of diseases it is known occasionally obtains. In view of the pathological appearances, however, that conclusion was probably erroneous. The inflammation of the pulmonic and cardiac structures, doubtless, first occurred, the head symptoms being secondary and dependent, but serving equally to mask the existence of the thoracic affections.

The practical lessons which the case enforces, then, are, first, that, in connection with extensive disease within the chest, cerebral symptoms may become developed, denoting that the head is the prime seat of disease, not only predominating over, but completely masking symptoms of thoracic inflammation, the morbid appearances which the brain presents being inadequate of themselves to explain the amount of its functional disturbance; and, second, that, in cases of this description, physical exploration of the chest is never to be omitted because symptoms of pulmonary disease are absent.—*Buffalo Medical Journal*.

ART. IV.—*A Modified Operation in Excision of the Os Maxillare Superius*. By W. E. HORNER, M. D., Professor of Anatomy in the University of Pennsylvania, and Senior Surgeon in the St. Joseph's Hospital.

This once formidable operation, has latterly been so often performed successfully, that but little of novelty, or of special interest, is now attached to it. Its feasibility thus established, a mitigated form of its execution may, however, be a sufficient excuse for the present brief allusion to a case of the kind.

The following letter from the patient himself, exhibits the early condition and progress of his affection. He is now aged eighteen,

DR. HORNER: Dear Sir,—In August, 1847, I suffered for four or five days from a severe headache, sickness of stomach, and a general uncomfortable feeling, which was followed by a purulent discharge from a small orifice in the left side of the roof of the mouth. After a few days, two or three pieces of a hard substance sloughed out, leaving an opening the size of a pea-nut. Soon after this, the discharge ceased, and the opening gradually healed up. At this time there was a flat tumour occupying nearly the whole roof of the mouth on that side. This swelling increased slowly, and extended so as to involve the alveolar portion of the maxillary bone, and cause a loosening of the back teeth. About the middle of last May, the middle molar tooth was extracted, without, however, causing any material difference in the size or appearance of the tumour; which, during the few months previous to its removal, increased, I think, somewhat more rapidly than in its earlier stages. From the time of the first appearance of tumour, to its removal, I am not aware of having suffered any pain from it.

Yours respectfully,

M. W. A.

In consultation with Drs. J. M. Allen, the uncle of the patient, George W. Norris, and Henry H. Smith, a decision was had for the removal of the diseased bone along with the tumour.

During the deliberations on the case, which lasted two or three weeks, the tumour had grown somewhat, but was not painful; its size, however, was inconvenient in eating and talking, and affected the motions of the tongue. There had been no discharge from the nose, which led us to hope that the tumour had not reached the antrum highmorianum.

The operation occurred on the 28th day of October, with the assistance of the surgeons above named, and some young gentlemen, students of medicine. The tumour, at this date, occupied the whole of the left side of the hard palate, and made a volume of about half the size of the largest hen egg. All the teeth of the left upper jaw were loose, the posterior ones rising from their sockets, and the anterior vibrating sensibly. It was thus plain that the gums and alveoli were all affected by the extension of the disease.

I had previously determined to avoid if possible, the through incision of the cheek as commonly practiced, owing to the permanent deformity left by it. The following proceeding was therefore had. The patient, seated in a chair, was placed under the influence of ether, by inhalation. The mouth being then held open, the under lip and cheek were raised from the maxilla superior, by an interior incision in a line parallel with the superior margin of the buccinator. This part of the operation was

preceded by the extraction of the two left incisor teeth. The corresponding aveoli were then removed. The first step of the latter was to cut in front with a narrow saw, along the middle palate suture from the mouth into the left nostril, until the palate plate was reached; then, with a pair of strong hawk-bill scissors, such as are used by gardeners for lopping off twigs, an incision was made so as to take out at a clip the whole of the two vacated alveoli, in other words, what is considered by some as the intermaxillary bone of the human subject. A thin, flat knife, well tempered, and with a strong round handle, was then passed from the mouth into the nose, at the posterior part of the middle palate suture, and this suture cleaved in its length from the soft palate to the nick left by the excision of the intermaxillary bone. The narrow saw was again used to cut through the root of the nasal process of the maxillare superius. A pair of strong scissors, curved on the flat, was then taken, to clip through the exterior and the interior side of the maxillare superius, a little below the orbital plate; the incision being carried back to the pterygoid process of the sphenoid bone. The base of the soft palate was then detached by a short triangular knife, curved on the flat. The greater part of the upper maxilla being thus loosened all around, and insulated, it was brought away with the tumor all in a body, after cutting through a few shreds of attachment to the back of the cheek. The pterygoid process—the os malæ, and the orbital plate of the maxillare superius, were not disturbed, but left.

The tumour, contrary to our hopes, also occupied the antrum, so as to be as large above as it was in the mouth; it was also attached to the posterior part of the cheek, and to the external pterygoid muscle. A careful removal of it with gouge and scissors, was accomplished wherever any part of it could be detected.

The bleeding was profuse, especially from what was considered to be the posterior palatine artery; it was secured with the aid of Physick's forceps and needle; some few other arteries were also secured by ligature. The parts being well washed, were then carefully packed with successive small pellets of coarse charpè, firmly pressed in, and the base of the packing was supported by a thin board of a semi-crescentic shape somewhat larger than a half of the hard palate. This board was sustained by the teeth of the lower jaw, the latter being fixed by a bandage as in fracture.

The bleeding in this case was so profuse during the operation, that the latter was suspended at intervals, so as to clear the throat from the accumulation of blood, which embarrassed respiration.

The dressing was so effectual, that we had no trouble with the bleeding afterwards. By the ninth day of November, i. e. in twelve days, the patient was in a fine state; the lint and the ligatures had all come away. In a few days afterwards, the patient began to exercise out of doors, and by the last of the month, I had the pleasure of seeing him apparently perfectly well, with not the slightest external indication of the operation, and with a face so straight that his nearest acquaintance would not, of himself, have suspected any thing, and least of all, that almost the whole of the upper maxillary bone had been excised.

The board is liable to displacement; I should, therefore, under similar circumstances again have a spring, or some arrangement to fix it permanently and securely.

The additional time required for this mode of operating, is probably fifteen or twenty minutes; but as a scar in the face is an affair for life to the patient, it should, if possible, be avoided. which, if it cannot be accomplished in all, may certainly be in many cases.—*Medical Examiner*.

ART. V.—*Case of Fracture of both Clavicles.* By WM. QUAIL, M. D.,
of Pittsburg.

On the 13th of last month I was called to treat a case of fracture of both clavicles. The man, a stout, healthy Irishman, æt. 54, in attempting to control a cart horse, was crushed between one of the wheels and a bank, and the consequence was, fracture of both bones at the scapular ends.

Not having previously seen or read of such an accident, my embarrassment, as you can readily imagine was great. All the different methods suggested by surgeons for fractured clavicle, I thought of at once. My embarrassment arose from the fact of not having a sound shoulder to operate upon.

I finally concluded to try the simple and efficient apparatus of Fox. I had two pads, and two elbow pieces prepared. I made the two collars in the form of half rings, attached each end to the pad, thus serving the purpose of fixing the pads in position, and as collars to which might be fastened the tapes of each elbow piece. I applied the apparatus as thus modified, using the ordinary sling to support the hands, and it has answered admirably; indeed, I cannot imagine how else it could be managed.

The patient walked about the house during the whole time, and suffered comparatively little or no pain. To-day I removed the apparatus. There is no deformity which time will not cure.

The case was seen the next day after reduction, by my friend, Dr. Black, and by Mr. McDonald, one of my fellow students of Jefferson Medical College.

What would I have done with Dessault's three single-headed rollers, eight yards long, &c., and doubled, too, in the hot months of July, and August?—*Ibid.*

ART. VI.—*Rupture of the Spleen. Autopsy.* By M. G. WHITNEY, M. D., of Kingston, Pennsylvania.

The patient was a man named — Young, living in Wyoming Valley, aged about 40, a coal laborer, very large and muscular, subject to intermittent fever. On the night of the 24th of November, 1849, he was engaged with a party serenading a newly married couple, when, after drinking somewhat freely, and being partially intoxicated, a difficulty arose between him and one of his companions. In a struggle which ensued, Young being nearly down to the ground, was struck by his antagonist with the clenched fist, two or three blows on the left side, over the region of the stomach and spleen. Very soon it was observed that he was severely injured. He groaned; had difficulty of breathing; his extremities became cold; the pulse ceased at the wrists, and in about fifteen minutes from the time of the scuffle he died.

Inspectio cadaveris.—About thirty-eight hours after death, I made an examination. The body was altered very little by the process of decomposition. It was a little discolored on the back. The abdomen was much distended and tense; on opening it, a large quantity of fluid and coagulated blood was found in the cavity. The viscera were carefully removed, and on inspection, the spleen was found about three times the normal size, of a dark greyish color, and having three rents or ruptures on the convex side, extending transversely across its body. There was a large quantity of coagula around and under the stomach and spleen; all the other abdominal viscera had a healthy appearance. I did not measure the spleen, but should think it was about ten inches long, four or five inches broad, and about four inches thick at the thickest part. The rents were about two inches apart, and extended into its substance about one inch. No further examination was made.—*Ibid.*

ART. VII.—*Epilepsy from pressure upon the brain.* (*Clinic of Jefferson Medical College.*) Reported by Mr. JAMES A. MEIGS, Student of Medicine.

A case of considerable importance in surgery, was presented by Professor Pancoast to the class of Jefferson Medical College, on Saturday, January 13th, 1849.

The patient, a lad aged 14 years, had, about nine years previous, received a severe blow upon the sinciput, just over the left orbital ridge, by being precipitated from a cart upon a pile of stones. He was taken up insensible, but under judicious treatment recovered, and was to all appearance perfectly well. Some time after, when the circumstance was almost forgotten, the patient was suddenly seized with epileptic fits, a disease with which, prior to the accident, he had never been troubled. These untoward symptoms gradually increased in frequency and violence, until it was not uncommon for them to recur ten and even twenty times *per diem*.

Coincidentally with this epileptiform condition, a slow but progressive decay in his mental faculties became evident, till it was finally feared a total alienation of his mind might supervene. As indicative of this, his features were impressed with the peculiar fatuous expression of confirmed epileptics, while his whole conduct evinced a moody and abstracted state of mind.

These abnormal symptoms had, thus far, been steadily increasing in magnitude and violence, despite the various and well directed remedies employed, when the patient was placed under the charge of Professor Pancoast, who, after a careful investigation, both the history of the case and the condition of the lad, became convinced that the evil resulted from the pressure of a portion of the vitreous table of the os frontis, upon the anterior lobe of the left cerebral hemisphere. This projection of the bone he thought had been undoubtedly established at the time the accident occurred, but had not manifested itself by its alarming results—the child being then very young—until the brain became considerably developed.

Here then was an extremely delicate point for the formation of a diagnosis, and the establishment of the consequent treatment. The question forcibly presented itself, whether to operate or not. If the meninges of the brain were inflamed, or the orbital plate broken, it was obvious that no benefit would accrue, and the patient be needlessly subjected to a painful operation. Again, if the frontal sinuses existed to any extent, the danger was manifest of forming an aerial fistula, which would be extremely difficult, if not impossible, to cure.

Notwithstanding these manifold obstacles, the operation was resolved upon, inasmuch as it seemed to give the lad the only chance for his recovery.

His father assenting, the lad was brought before the class on the 17th of January. He was placed upon a table in the clinical room, and as a return of his paroxysms during the operation was feared, he was held firmly down by several assistants. A sort of triangular opening was made, the flaps of which being turned back, the pericranium was exposed. This was divided, and the branches of the supra-orbital and frontal arteries, the hemorrhage from which was considerable, were taken up. The trephine was now applied immediately above the superciliary ridge, and as near the depression as possible. Extreme caution was necessary at this point of the operation, this being a difficult and dangerous place for the application of the trephine. In this case the danger was increased by the incessant struggling and resistance on the part of the patient. A circular piece of the skull was removed, having upon its inner face a spiculum of bone pressing upon the dura mater, thus triumphantly verifying the diagnosis. The dura mater was perfectly healthy, presenting its usual opaque pearly hue.

The edges of the periosteum being brought together, and the flaps laid down and supported by a compress of wetted lint, lightly held in its place by adhesive strips, the patient was transferred to one of the clinical wards of the institution. Here he remained during the ensuing month, under the attendance of Drs. Rand and Horner.

For some time after the operation, it was frequently noticed as a fact worthy of consideration, that any attempts to approximate the lips of the aperture closely, and thereby dispose them to heal at once, were speedily followed by a return of the epileptic paroxysms, which were as readily dissipated by the immediate removal of the approximating force. The same disagreeable results were also found to be induced by the slightest indulgence in any highly nutritious or stimulating aliment.

In addition, therefore, to cold applications to the head, absence of light, and the scrupulous avoidance of all anodyne preparations, which were resorted to immediately after the operation, the lad was kept upon a spare diet, and the aperture allowed to remain open for nearly a month. The judicious nature of this treatment was soon made manifest, by the happy restoration of the lad to mental and physical health.

The scar necessarily left by the operation is scarcely perceptible, while the aperture is filled up with a cartilaginous deposit, as is evident from the resistance offered upon pressure.

The lad is now (August, 1849,) employed by his mother to run errands, and attend occasionally to a little store which she keeps in this city. In his daily conduct he evinces an intelligence and physical strength usual to lads of his age and condition in life.—*Medical Examiner*.

ART. VIII.—*A novel case of Aneurism. From my note book.* By A. C. CASTLE, M. D., New York. Communicated for the Boston Medical and Surgical Journal.

The subject of the following singular and interesting case of aneurism, was the eminently distinguished artist, the late Mr. C——e. I had made for that gentleman a partial set of teeth, to complete the superior maxillary apparatus, in the place of the absent organs. They were fitted to the mouth compactly, and had been worn without any inconvenience for several weeks, to the entire satisfaction of the wearer, when Mr. C——e was much annoyed by a small vesicle, which had made its appearance upon the lingual centre of the roof of the mouth, immediately upon the terminal edge where the gold plate formed the basis upon which the denticulation was completed. The vesicle gradually increased until it had attained a size double that of the following capital letter O. Its color presented a deep purplish hue, similar to the hæmorrhoidal tumor. The first instance of its appearance, upon examination, I conceived its character to be that of the ordinary "water blister," so common to this part of the mouth, caused by taking food too hastily into the mouth whilst in a hot state, or consequent upon a deranged state of the *primæ viæ*. An "astringent mouth wash" and an aperient medicine were prescribed. When the material change had taken place, as I have stated above, I was of opinion that the compression of the gold plate over the large surface of the soft texture of the gums and the roof of the mouth, had impeded the circulation of the blood, and had caused an enlarged varicose tumor. It exhibited no pulsation, nor any other indicant than an *inert* and now pendant encysted blood-sac. With a pair of curved scissors I snipped off the sac, which was followed by a gush of blood, filling the mouth and fauces, almost causing suffocation, the patient not having been prepared for this contingency. The blood being emptied from the mouth, I found that it continued to flow *per saltum*, in a large full stream. I at once perceived that instead of a varicose tumor, as I had supposed, I had removed the aneurismal sac of a large artery. The diagnostic marks had been vague and undefined, and nothing characteristic warranted a different diagnosis and action upon an

affection—never perchance met with before—the attendant upon an anatomical digression of rare occurrence. The patient naturally enough was very much alarmed. His mouth was constantly filled with arterial frothy blood, added to the apparent impossibility of getting at the artery to secure it, pressure having altogether failed to arrest the hæmorrhage.

I was fortunately enabled to overcome this seemingly formidable difficulty with little trouble. While a student, I was engaged upon “a subject,” dissecting the head and neck regions, tracing the relative positions of the arteries, nerves, veins, &c., &c. In so doing I traced the anterior palatine artery passing through a hole in the centre of the suture of the palatine bones, whilst the *foramen incisivum* or anterior palatine hole was absent, which, as is well known, is found immediately behind the alveoli-palatine bones, between the two superior incisor teeth. I called the attention of Professor Mott, and Dr. Richardson, Professor of Anatomy, to the circumstance. They informed me that they had met with one or two similar cases—of course of no further importance than (as in this case) the knowledge of this anatomical deviation from the usual natural design.

This anomalous affection and its results brought to my mind—which after circumstances proved to be correct—that the *foramen incisivum* was in this case situated in the centre of the palatine bones, and that either by mechanical pressure of the gold plate, or from some other cause, the aneurismal affection of the anterior palatine artery had been superinduced, and the pendant aneurismal sac formed. The indication was, of course, to arrest the hæmorrhage. I proceeded to cut a piece of cork (*quercus suber*) into the form of the letter x, which I inserted into the end of the canula of a small sized trocar. I passed the mouth of the canula well through the orifice into the palatine hole, and with blunt piece of wire, in the place of the trocar, pushed the cork into the desired position. It formed a most excellent *button plug*, and instantly stopped the bleeding. On the fourth day after its insertion, the plug came away, and the patient experienced no further difficulty or inconvenience.—*Boston Journal*.

ART. IX.—*Topical Treatment of the Respiratory Passages*. Read before the Suffolk District Medical Society, by GEO. BARTLETT, M. D., and communicated for the Boston Medical and Surgical Journal.

As introductory of a purpose to invite attention to the modern topical treatment of disease of the respiratory *passages*, I have brought to this

meeting one or two specimens of a spatula designed to facilitate the application of remedial substances to the lining membrane of the nasal cavities, fauces, larynx, &c.

It effects this by enabling the operator to control the tongue over its whole length, with the same instrument that applies the medicine, either in dry or liquid form, to the surface above or below the isthmus faucium. If below the epiglottis is desirable, the spatula is made to completely control the act of deglutition, without which the larynx is not shut; while at the same time the ineffectual efforts to swallow raise upward the larynx, nearly or quite enough to meet the instrument.

Topical medication seems to be accomplished in this way more thoroughly and with much less suffering to the patient than by the ordinary modes, the principal varieties of which are inhaling tubes, crooked syringes, and the sponge probang recommended by Trousseau, Belloc and Dr. Green. During several years' attention to this subject, no other instrument has been found necessary, while the certainty of its action has demonstrated that the morbid condition amenable to local treatment alone, is not merely an occasional occurrence, but a frequent one.

How much therapeutic importance the profession in general concedes to local treatment of disturbed action in the throat, is only a matter of inference. Probably it sustains but a feeble reputation, and will continue to do so, not so much from unsoundness in its claims, as a want of perseverance in gaining knowledge from experience.

An important consideration to be borne in mind, is the circumstance that it is not an exclusive course, and by no means implies an abandonment of any great or constitutional treatment that may be thought judicious. The question, however, may fairly be put whether, if either mode be relied on singly, this fails so often as the ordinary routine of internal remedies? All must remember cases of obstinate cough, hoarseness, loss of voice, &c., &c., that have resisted counter-irritation and constitutional treatment to the sore discouragement of both patient and physician. So accustomed are practitioners under these circumstances to the *via trita*—not always the *via tuta*—that if they diverge occasionally they are apt not to follow a new path to the end, and hence, perhaps, the indifference to topical medication.

This indifference is not justified, if we adopt the numerical system of comparison, and do not act from discouraging impressions left by fatal terminations which must happen under any and all modes of management. These impressions, too, are much lightened by taking into consideration the comfort and relief given even in fatal cases; to which are

to be added the instances in which topical medication of the passages delays where it does not ultimately avert development of tuberculous disease..

There are many instances, also, of acute disturbance of function in the respiratory passages unaccompanied with organic change, which well reward the application of local remedies. Some of these are trivial in their character, and some very grave. Why should not these be treated as if they were on the external surface? If the eye, or the nose, or the rectum, or urethra, is the seat of disorder, and we can see any physical change that may cause or continue the evil, we do not keep our hands off and allow disorganization, perhaps, to go on while the patient is swallowing drugs. To be consistent, the same local remedies should be applied to the earliest indications of physical change in the throat. With a little pains-taking, these may readily be brought within sight in very many instances, and in all the eye or the ear are pretty sure guides for discovering their presence. Remembering that nicety in function in any organ does not necessarily imply intolerance of interference when that function is disturbed, and that experience has shown that the animal sensibility of the respiratory passages is not very exalted, why is not topical medication as appropriate practice on one surface as another?

Among the indispensable requisites for success in the treatment under consideration, is a long perseverance on the part of both patient and physician, to which should be joined, on the part of the latter, a ready familiarity with a large number of different remedial substances. By the general consent, nitrate of silver has almost exclusively been relied upon; while in addition to the already well-known escharotics, alteratives and narcotics, modern chemistry has furnished us with many new agents of nearly untried efficacy in surgical practice.

To avoid monopolizing the Society's time, the natural history and pathology of the disorders of the air passages have been purposely omitted. Looked at from simply the practical point of view, the following deductions seem to be justified by our present state of knowledge.

1st. That no good reason can be given why disease of the respiratory passages, manifest to the eye, should not be treated on the same principles as analogous morbid changes on the external surface.

2d. That disease of these passages is not rare, but frequent; and is as often the cause as it is the consequence of tuberculous development.

3d. That the benefit of topical treatment is by no means confined to chronic cases—acute affections yielding to it more promptly and surely than to any other.

4th. That cough, hoarseness, loss of voice, &c., whether accompanied with incurable disease of the lungs or not, should be treated topically; if not with the expectation of saving life, at least of prolonging it, and with a certainty of diminishing suffering.

5th. That nitrate of silver is not a universal remedy—other substances frequently possessing the same superiority over it, when applied to the internal surfaces, that they do when used externally.—*Boston Journal*.

ART. X.—*Death caused by Lumbricoides in the Appendix Vermiformis.*

By A. A. PATTERSON, M. D., Fayette county, Kentucky.

SIR:—I herewith send you a pathological specimen, which is of a novel character. I obtained it some time since in making an autopsy of a child 5 years of age, which had died under circumstances altogether unaccountable to me, until developed by the scalpel. You will readily see that the specimen is an appendix vermiformis enlarged to two or three times its natural size, by two large lumbricoides having insinuated themselves into it.

The symptoms of the case, as well as I can now remember them, were as follows:—Constant and excuriating pain in the region of the caput coli, increased in intensity at intervals; very rapid pulse, (reaching 200 in the minute,) exceeding restlessness, great anxiety of expression in the countenance, and tongue covered with a heavy, white coat, with tip and edges intensely red. The child had been in bad health for several weeks before the urgent symptoms appeared, and lived 7 days after the attack.

Appearance upon Post Mortem examination.—Discoloration and injection of the omentum, patches of inflammation of the lining of the stomach, enlargement of the mesenteric glands, inflammation of the colon, intussusception of the ileum, and the appendix vermiformis distended with worms, inflamed and greatly enlarged.

I will merely remark that the intussusception of the small intestine was evidently not the cause of the child's death; because, although the bowel was doubled into itself 3 inches, it was disengaged by a slight touch of the tenaculum. I have seen but one case on record like the above, but there are reasons to believe that it has repeatedly been the cause of death.

I have determined to request that you will give the above brief detail a place in your journal, if you think it worthy, believing that the profession will be aided by the knowledge of the fact that such a case happened, in making out a diagnosis in obscure diseases of the bowels. A. A. P.

ART. XI.—*Tubercular Consumption. Absence of the usual symptoms.*

May, 1848.—Mr. L.^g has been unwell since last fall. He has complained of pain and weakness of the breast, and of general debility—has had slight hacking cough, but no expectoration. Several members of the family have died of consumption, and he participates strongly in the predisposition to the disease. He was, for some time, under our observation, and a thorough physical exploration of the chest was made, by which no decisive manifestations of disease were detected. For several months prior to his decease we had no personal intercourse with him, and receive the account of his condition immediately previous to the catastrophe from a medical friend. Up to the very day on which he died, his pulse ranged from 40 to 60 pulsations in the minute, and was feeble—never giving evidence of febrile excitement. He was exceedingly emaciated, and the digestive powers appeared to be entirely destroyed. Death came at an unexpected moment, and, before my friend reached the bed-side of the patient, had done its work. The symptoms had continued much the same as those described above, up to the last moment; the weakness grew upon him gradually, until he had scarcely strength enough left to walk across his chamber. The dry cough continued as before, not sufficiently annoying to excite uneasiness in the patient's mind, nor so marked as to attract the attention of friends.

The post mortem examination was witnessed by the physician who has already been alluded to.

From a knowledge of the family, we anticipated a display of the fatal influence connected with the scrofulous constitution, although the symptoms did not indicate the existence of pulmonary disease. The stomach was very much contracted, and the coats thickened. On the mucous surface numbers of elevated ridges were discovered, rising abruptly from the common surface of the membrane, of a bright red color, and as well defined as the large veins of a fig leaf. Between these the membrane appeared of the natural color and consistency, only a perceptible degree of thickening, (the patient had been of dissipated habits.) The other abdominal organs presented no sensible departure from a natural condition, if we except this anæmic state. When the chest was opened the lungs appeared to be perfectly healthy; but upon a minute examination, a portion of the apex of each lung on the posterior surface was found to be solidified, and occupied by numerous small tuberculous cavities.

The sluggish pulse of from 40 to 60—the absence of all hectic symptoms, and the phthisical cough and expectoration, were, certainly, anomalous symptoms in such a case.—*Transylvania Medical Journal.*

ART. XII.—*Case of Spontaneous Hydrophobia.*

The history of the following case, was presented by Dr. CONDIE to the College of Physicians, Philadelphia.

The person in whom it occurred, was a man by the name of Willetts, an overseer in the ship-yard of Simpson & Neill, Southwark, about 35 years of age, robust and active, and of temperate habits. He had enjoyed, previously, uninterrupted health, being unable to recollect an attack of any severe sickness, excepting a short convulsive paroxysm with which he had been seized several years ago. On Tuesday evening, August 27th, he went home in his usual health. The ensuing morning, on awaking from sleep, he experienced a stiffness along the left side of the neck, and a sense of numbness in the arm of that side; this he attributed to exposure on the preceding night, during a sudden change in the temperature of the air. Dr. T. S. Reed was applied to, who directed an appropriate treatment, which, however, did not abate the symptoms under which the patient labored. He soon began to complain of pain extending from the occiput along the left side of the neck and body to the epigastrium. Feeling thirsty, he took a tumbler of water in his hand, but on attempting to swallow some, was seized with a most painful sense of suffocation, followed instantly by a general spasm; which, however, continued only a few minutes. A sinapism was applied to the nape of the neck, and a large teaspoonful of laudanum was given, and repeated after an interval of two hours. The patient slept none. During the whole of Wednesday night he was tormented with an urgent thirst, which induced him to attempt to swallow water, but every time the attempt was made, the sense of suffocation and the spasms recurred. Dr. C. saw the patient, with Dr. Reed, at noon on the 29th of August. He found him in a constant state of jactitation; his eyes had a peculiar wild, suspicious look; his tongue was moist, and slightly coated along its centre, with a yellowish mucus; it was somewhat pointed and red at its edges; his skin was cool and moist. He complained of a pain commencing on the left side of his neck and extending down the side of his body, with a sense of weight or constriction at the epigastrium. He answered the questions put to him correctly, but in a quick, sharp tone of voice. He complained of intense thirst, but every time he attempted to drink, he was seized with the most agonizing sense of suffocation. To show me the manner in which it affected him, he seized a glass of water which stood upon a bureau in his room, and by a sudden jerking motion, brought it to his lips; on attempting to swallow a few drops, he became violently convulsed; threw his limbs about in

a wild, agitated manner; his eyes staring wildly open; his face assuming a dark hue, and his whole chest heaving as of one in the agony of suffocation. During the paroxysm his pulse was contracted, hard and frequent, but immediately upon its close it became more developed, soft, and slow; the face at the same time, lost its flush, and the forehead became covered with a profuse perspiration. As soon as the paroxysm, which lasted only for a few minutes, ceased, the patient became perfectly rational, but continued in a state of constant rapid motion, getting up and lying down—first on one side, then on the other; and ejecting, every few minutes, from his mouth, with great force, and every time in a different direction over the room, a small portion of thick, frothy saliva. There was no redness nor swelling of the fauces, nor was any pain or uneasiness excited by pressure upon the throat or epigastrium. As the patient lay upon his back, I took up a fan unperceived by him, and with it gently agitated the air over his face; he was immediately seized with the same convulsive paroxysm as on attempting to swallow fluids, but less intense, and of shorter duration. The mention and sight of water caused, he said, a sense of constriction in the throat, and a peculiar, indescribable dread. The air blew directly upon him, through an open window, at the side of his bed; this caused him no uneasiness, it was rather, he declared, agreeable to him. Bodies in motion, as the waving of the window curtain, or the agitation of the trees seen from his room, produced no effect upon him. He declared that he had never been bitten by a dog, nor had, for the last eighteen years, received any wound or contusion. Upon a minute examination of his body, no cicatrix could be discovered. He attributed the symptoms under which he was laboring, to his having become overheated while working in the sun, and then chilled in consequence of a sudden change in the temperature of the air. He was directed Dover's powder in scruple doses, to be repeated at short intervals, and half drachm doses of chloroform. A blister was applied to the nape of the neck, and an active cathartic was administered. But a very small portion of the medicine was taken, as every attempt to swallow brought on instantly a sense of impending suffocation, and a violent paroxysm of convulsions. Towards the latter part of the day the patient became very much agitated, wandered over the house, and offered violence to those who attempted to restrain him. In the evening he was more calm, and took some bread soaked in tea, the swallowing of which was attended with only slight difficulty. He now complained of pain in the top of his head; the whole head felt hot; there was a slight injection of the eyes; the pulse was full and firm. Cold applications were directed to his head, and his feet were immersed

in hot mustard water. Blood to the amount of twelve or fourteen ounces was taken from his arm, when his pulse sunk and he soon after fainted. He now became more tranquil; the inability to drink fluids still, however, continued. Early on the morning of the 30th, he died; his death being unpreceded by coma and unattended by convulsions. No *post-mortem* examination could be obtained.

After his death a report was circulated that the patient had been bitten by a pup he was handling, which subsequently died: but upon investigation, this report was found to be unsupported by any satisfactory evidence of the fact. It was unquestionably a case of spontaneous hydrophobia.—*Transactions of the Philadelphia College of Physicians.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*Case of Calculus passed from the Umbilicus.* By H. C. STEWART, Esq., Surgeon, London.

Mr. T. B., aged forty, married. A baker, tall and spare, sanguine temperament. Has occasionally drank very freely. About a year since failed in business, has since been greatly straitened in circumstances, and consequently suffered much mental anxiety.

Early in February last, got wet, and shortly after began to suffer slight pricking pains in the abdomen, accompanied with symptoms of fever; but thinking that they arose only from cold, took some opening medicines, and kept himself in doors, hoping thereby to get rid of them. Finding, however, the pains become gradually more constant and severe, and being unable to turn himself in bed, or to walk about, he requested my assistance about a week from the period of his being first attacked.

Feb. 12th—7. P. M. I found my patient sitting in an arm-chair, in a bent position (forwards,) with his hands resting upon his knees. (This position he described as being the only one in which he felt any relief.) His general aspect pale, features sharpened, as if suffering from long-continued pain; eyes dull and heavy; frequent shivering, but not amounting to distinct rigors; feels chilly, but skin hot and dry to the touch.

Slight nausea and thirst, tongue thinly covered with a white fur, rough and dry, clean at the edges and tip, having more the appearance of the tongue of a person suffering from nervous anxiety than from fever. Slight frontal headache; constant pain in the region of the umbilicus, extending for about two or three inches all around it, of a sharp, pricking character, like needles, with an occasional stabbing pain, darting through the abdomen from the umbilicus to the back. The pains slightly increased by pressure, but more so when lying down; he is then unable to move from the acuteness of the pain, and has at that time similar pains in the lumbar regions, particularly in the right side. Movement of the legs, coughing or sneezing, produces great agony; but taking a deep inspiration, causes very little inconvenience. Abdomen slightly tympanitic. Pulse 90, feeble. Bowels relieved twice during the day; urine free, clear, and pale-coloured. Ordered to apply hot poppy fomentation to the abdomen, and to take solution of acetate of ammonia, half an ounce; sulphate of magnesia, a drachm; potassio-tartrate of antimony, one-sixth of a grain; camphor mixture, an ounce; tincture of henbane, twenty minims. Mix for a draught to be taken every four hours. Low diet.

13th.—Passed a very restless night; not relieved by the fomentations, except at the moment of being first applied. Upon examining the abdomen again, and having daylight to assist me, I discovered, just below the umbilicus, and a little to right side, in the position of the obliterated right umbilical artery, a circumscribed hardness, about an inch in length, and about half an inch in breadth, extending downwards and outwards; surface very slightly elevated, and not discolored, but very painful to the touch, and occasionally throbbing. Feels more nausea and thirst; skin hot and dry; frequent shivering. Tongue white and dry, as yesterday. Bowels not relieved for fourteen hours. Pulse 95, feeble. Ordered a blister to the seat of pain. Infusion of senna, an ounce and a half; tartrate of potass, three drachms. Mix for a draught, to be taken immediately. Repeat the draught of yesterday.

14th.—Greatly relieved by the blister. Obtained three hours' sleep during the night; has entirely lost the stabbing pain; the pricking pain much relieved; bowels freely open; skin moister and warm; less thirst; headache better; tongue moister; still complains of being unable to turn in bed, from the pain in the loins; pulse 94, weak. Ordered, bicarbonate of potass, a scruple; sulphate of magnesia half a drachm; cinnamon water, eleven drachms; compound tincture of cardamoms, thirty minims; tincture of henbane, fifteen minims. Mix, for a draught every six hours.

15th.—Passed a better night, but still unable to turn himself in bed,

in consequence of the pain in the loins. Pain in the abdomen almost gone; skin moist and warm; tongue clean and moist; no thirst, nausea nor headache, but feels weak; bowels open; urine free and clear; pulse 94, weak; blister discharging freely. Continue the medicines. Diet: milk, beef-tea and arrow-root.

16th.—Passed a better night, and more able to turn himself in bed; pain in the loins better; and in the abdomen almost gone. In every respect better, but feels low and weak. Pulse 90, feeble and small; blister healing, but there is a slight discharge of yellowish-green pus from the umbilicus, which is very red, and slightly protruding and tender; bowels open. To apply a bread-and-water poultice to the umbilicus and blistered surface. Ordered, sesquicarbonate of ammonia, four grains; camphor mixture, eleven drachms and a half; tincture of henbane, fifteen minims. Mix for a draught, every four hours. Diet: milk, beef-tea, jellies, &c.

17th and 18th.—Better, but during the latter night the pains in the abdomen suddenly increased, and having occasion to go to stool about four A. M., had great difficulty in moving, but after stool and lying down, felt much relieved and slept for four hours. When changing the poultice in the morning, found the navel very much protruded, swollen and red, with a free discharge of pus, and in the pus upon the poultice a hardish substance of the size of a small hazle-nut, whitish color. This substance proves to be a calculus composed of phosphate and carbonate of lime. Purgative.

19th.—Much better; no pain; passed several smaller calculi, of the size of poppy seeds, but all were thrown away. Umbilicus receding. Ordered, sesquicarbonate of ammonia, three grains; compound infusion of gentian, an ounce and a half; tincture of henbane, ten minims. Mix for a draught, three times a day. Full diet.

20th.—Much better; able to sit up; umbilicus less prominent; passed not any more calculi. Purgative.

22nd.—Convalescent.

28th.—Quite well.

Having known my patient for some years, and being well acquainted with his circumstances, I was led to be cautious in the use of depleting and other antiphlogistic remedies, which without that knowledge I might have been tempted to use. Again, although there were symptoms from the first of sub-acute local peritonitis, I was by no means certain that they would not yield to fomentations and antimony. When, however, upon my second visit, I found that these had failed, and in addition to the former symptoms, the circumscribed hardness below the umbilicus, I thought

there might be an inclination to suppuration in that part, but I missed several symptoms betokening that such was really the case. I therefore applied a blister, as being the least depressing remedy in his debilitated state, hoping also that should suppuration occur, it would determine it to the surface. The rest of the treatment I think will be obvious to all. The resolution of the symptoms was to me a novelty.—*London Lancet.*

ART. II.—*On Mental Delusion in Hysterical Women.* By JNO. CONOLLY, M. D.

There is a form of malady, by no means of rare occurrence, and more frequent among the wealthier classes than the poorer, in which apparent bodily ailments of a changeful or obstinate character become associated with an infirmity of mind, at first slight and occasional, but afterward more fixed and confirmed, and which it is very important that the practitioner should recognize and understand. It is frequently misunderstood and mismanaged. This form of disorder is chiefly seen in hysterical women. The hysteric temperament presents at all times a curious subject for observation and study: the mind is agitated by every trifle, and every feeling is in excess, and seeks for sympathy with a morbid eagerness. It would seem as if to all the various portions of the brain, and to all the various ramifications of the nerves, some erratic influence or unrestrained energy were directed, and to each in turn, producing endless caprices of the mind and ever-changing bodily sensations. Such patients are one day full of religious fervour and pure and exalted aspirations; the next day poetry alone has charms for them; on another day they dilate in narratives, with inexhaustible fluency; and to this mood succeeds a day of silence and mournful meditations or reminiscences; they are affectionate, suspicious, amatory, cold, and repulsive by turns. Young, hysterical women generally possess tolerable powers of acquirement, particularly as regards languages, music, and other accomplishments, but are seldom capable of sustained attention or of reflection. They are often curiously inventive as to facts, or incapable of telling the truth, and are disposed to exaggeration and misrepresentation. If this character continues throughout life, the consequences are deplorable. Incapable of steady friendship or affection, or of adherence to any of the duties of common life, they usually, by degrees, concentrate their attention on their own feelings and morbid sensations, and, laying claim to excessive sensibility, are really only regardful of themselves. At an early period of life, they become continual valetudinarians; and the treatment accorded to them too often spoils them beyond recovery. Every usefu

pursuit, every better thought is given up; they are ever the victims of some imagined disease, and the profitable patients of practitioners, regular and irregular. First, they have always disease of the spine; tenderness, at least, if not lateral curvature. This lasts some years; they profess that they cannot walk; their sad case, they know, engages the attention of all the neighbors. To ride in an ordinary carriage would destroy them; they can only bear to be drawn, reclining and languid, in an invalid chair, through a fashionable crowd, by the sea, or on the parade at the spa. Some favourite medical man is always in attendance; if prudent, doing nothing; if sanguine, trying every thing; until phthisis supervenes in a constitution weakened by indolence and disturbing treatment, and he loses his patient altogether.

But if the patient escapes phthisis, a change of malady takes place. She abandons the spinal affection, and gets up and walks; and her anxious parents and the disturbed family return to a quiet home. She marries, and then the husband becomes the principal sufferer. He has a wife who is never well, ever fretful, and ever averse to his seeming cheerful or to his being quiet. Her paroxysms of apparent pain, her faintings, her excessive irritability, become the torment of his life. One year she is asthmatic, and he is driven from climate to climate; then she has disease of the heart, and nobody must agitate her, or laugh, or speak, or stir. Then she thinks she has some internal disease, as of the uterus or rectum; and if her husband is rich, she consults physicians in half of the capitals of Europe. And thus for a series of years the half-insane wife rejoices in a series of diseases, and transmits disordered nerves and irritability and the seeds of madness to her children. The mind grows weaker and weaker, and more exposed to every kind of delusion, until reason at length is scarcely exerted at all.

I dwell on this unhappy infirmity because it is too frequently thought at first to be of small importance, and also because I believe that great mistakes are often committed in its more advanced stages, and severe methods of treatment resorted to, in perfect good faith, but needlessly and hurtfully. If the symptoms are looked upon by the practitioner as indicative of real diseases, the patient has generally much satisfaction in encouraging the error; and cough, and dispnoea, and palpitations, and fits of coldness, and syncope, and trance, and eloquent sentences spoken as by one asleep, are apparently aggravated or induced by volition, and even imbecility or insanity occasionally simulated.

The most perplexing part of such cases is, that reality and unreality are blended in them. Real disease sometimes exists, or supervenes on the previous state of nervous disorder. The mind may become more

deranged. The patients cannot be safely disregarded; now and then they exhibit sudden and frantic mania, and may even commit suicide. Some of them, after a short fit of violence, appear to lose all consciousness, and to be, for some hours, solely under the direction of an ungovernable impulse to destroy themselves. Ordinary anti-hysterical treatment is of little avail in such cases, if not even mischievous. Ether, assafoetida, opium, wine, produce still more excitement and delirium. Cold applied to the head, warmth to the feet, a dose of calomel and colocynth, or an emetic of ipecacuanha, are chiefly useful, the last sometimes singularly and suddenly so; but, more than all, it is important that the patient should have quiet, judicious, and vigilant attendants always near her.

Where these very violent symptoms are present, the cases are doubtless difficult to manage or to cure; but where all the varied phenomena have existed, I have seen these cases recover, and recover entirely, where the patient had reason enough left to be satisfied that the nerves might be disordered without disease; and that to restore the tone of the nerves, air, exercise, society, occupation, and conquering the habit of always thinking about themselves, would be found more efficacious than indolence and sedatives, and the daily visits of sympathizing friends—not to speak of very active doctors, for ever applying moxas, the actual cautery, and half-intoxicating cordials.

I know cases in which, after what appeared to be a hopeless confinement to a sick-room or a sofa, and the endurance of a succession of torment and futile applications, young ladies have been encouraged by honest advice to disregard all their symptoms, and to get on horseback, and to resume the habits of social life, and have done so with success, the resurrection being the result of well-timed appeals to minds not yet ruined beyond restoration. If advice of this kind is not listened to, the end seems generally to be increasing debility, terminating in consumption or insanity.

The presence and society of these unfortunate patients may be dangerous to the mental health of younger relatives, whose attention to them leads to imitation of their peculiarities. In convents, schools, and hospitals, imitation now and then makes hysterical cases extremely troublesome. A case is related by Mr. May, and published in the *Provincial Medical and Surgical Journal*, for Oct., 1848, (from the Reading Pathological Society,) in which a clergyman became suddenly insane when reading the service, and at first thought himself the Saviour, and came to judge the world; afterward he became obscene in his language, and in ten days he died. On the third day of his illness, his sister visited him,

and became almost immediately maniacal, her symptoms perfectly resembling her brother's. Fortunately, this was recognized in her as merely hysterical; cold water was applied to her head, one drachm of laudanum given; she slept several hours, and awoke well.—*Croonian Lectures, in London Lancet.*

ART. III.—*On the treatment of Pompholyx by Lunar Caustic.* By EDWIN C. COTTINGHAM, ESQ., M. R. C. S., Wangford, Suffolk.

Mrs. G——, forty-two years of age, had been suffering under a protracted case of pompholyx for several weeks, which had not yielded to the various applications resorted to. When I first saw this case, the whole anterior surface of the right leg was studded with bullæ, at irregular intervals, accompanied with great irritation and tenderness of the skin. After detaching the cuticle with a pair of scissors, I applied the lunar caustic freely to the denuded surfaces, at the same time surrounding each bulla by a circle of caustic a line in breadth. The pain caused by the application having subsided, this patient expressed herself as quite free from the intense itching before experienced; and up to the present time no fresh bullæ have appeared.—*London Lancet.*

ART. IV.—*On a case of Death from the use of a Tobacco Enema.* By PETER EADE, ESQ., M. R. C. S., &c.

F. B——, aged eighteen, an hysterical looking girl, not having had any evacuation from the bowels for some considerable period, and various remedies, as well as repeated enemata, having failed to produce any effect, was persuaded by a friend, who stated to her that she had derived the greatest advantage from such treatment, to have a tobacco clyster administered. For this purpose, about three drachms of common shag tobacco were boiled in a pint of water, and injected into the bowel. In about half an hour after this, she complained of faintness, and feeling sick, and in half an hour more became quite collapsed, with cold sweats; vomited; was slightly convulsed; and she died in about half an hour, being about an hour and a half from the time of the injection being administered.

Post-mortem examination, thirty-six hours afterwards.—The body presented no remarkable appearance externally.—*Head:* Not examined. *Chest:* Lungs normal in every respect; no fluid in the pericardium, but the heart itself remarkably flaccid; so much so, that when laid upon the

table it quite collapsed, and became almost as flat as an empty stomach in the same situation. All its cavities were empty, but in each of the ventricles from two to three drachms of fluid black blood.—*Abdomen*: Liver presented no unusual appearance; stomach contained several ounces of semi-fluid food. Intestines examined for nearly their whole length; duodenum and jejunum empty; ileum contained some semi-fluid fæces; colon empty, and rather distended with gas. No redness or trace of inflammation visible in any part of the canal, and no swell of tobacco perceptible in the abdomen or any part of the body.—*London Lancet*.

ART. V.—*Case of Chronic Laryngitis.*

At a meeting of the Westminster Medical Society, 1st December last, Dr. Ogier Ward mentioned a case and exhibited a specimen of chronic laryngitis attended with ulceration of the root of the tongue, and the base of the epiglottis, which rendered deglutition so difficult and painful, that the patient was absolutely dying of inanition; for the attendant tuberculosis of the lungs was not sufficiently advanced to destroy life, nor even to give satisfactory physical signs of its presence. In this case, Dr. Ogier Ward applied a strong solution of nitrate of silver to the back of the fauces and the epiglottis, with the immediate result of enabling the patient to take food, though previous to the operation he had not been able to swallow even a little water. The same result followed each application of the caustic, even to within half an hour of the patient's death. The case was brought forward as illustrating the power of the nitrate of silver to allay irritation of the glottis, and the slight dependence to be placed upon an improvement of the symptoms thus obtained even in cases where the physical signs of disease in the lungs are obscure or even absent; bronchial respiration at the upper part of the chest being the only physical sign present of extensive tuberculosis combined with emphysema.—*London Lancet*.

SURGERY.

ART. VI.—*Cases of Necrosis of the Maxillary Bones, with Exfoliation, from inhaling the fumes of Phosphorus in a Lucifer-Match Manufactory.* By HENRY TAYLOR, ESQ., M. R. C. S., London.

CASE 1.—Henry C——, aged forty-nine, residing in Mount-street, in this town, has been engaged in business as lucifer-match manufacturer, for the last eight years. He informs me that he found no material inju-

ry to his health or person from the work till March, 1848, when, after suffering some pain, he observed a discharge of purulent matter from his mouth, arising from the front of the upper jaw. This pain he described as being of an acute character, and which he attributed to having decayed teeth. I saw him for the first time on December 1, 1848; he then presented to my notice a large portion of his upper jaw-bone, which had become necrosed, had separated, and been thrown off by the unaided efforts of Nature; it measured in length around the arch, two inches and a half, and in depth one inch; it embraced, in one piece, nearly the entire of the bodies of the superior maxillary bones, with the alveolar cavities for the four incisors, two canine and four bicuspid teeth; it formed the floor of the nostril and anterior part of the roof of the mouth, and extended backward nearly to its junction with the palatine bones. The cavity left in the mouth by this removal of bone was considerable, but by applying frequent pressure to keep the soft palate raised, and by washing the mouth with detergent and astringent lotions, it soon healed, and left much less deformity than from the first appearance was to have been expected; no reproduction of bone to any evident extent took place. At the time of his first presenting himself to my notice, he was in a very enfeebled and highly nervous state, being thin and emaciated, and having a sallow, pasty countenance. He was put upon generous diet, and had tonic and stimulating medicines administered; strict injunctions were given to keep himself from the workshop, and to take moderate exercise in the open air daily. But although under such treatment his health improved, I soon observed the lower jaw on the right side began to swell, attended with excruciating pain; the gums were red and inflamed, and had a spongy appearance; he complained of being constantly cold and shivering, but there were no distinct rigors; great tenderness of jaw, which he could scarcely bear to be touched. A portion of dead bone showed itself on the inner side, and close by the second molar tooth; a loosened molar tooth was extracted, local and general antiphlogistic treatment was adopted, with the external application of fomentations, poultices, &c. He now, for some short time, took medicines of an aperient and anodyne character; but his system soon became so exceedingly nervous and irritable, that he had to resume the tonic and stimulating treatment. He was fearful of having the most trifling examination of his jaw made, and he refused to give the least hearing to any surgical treatment. Symptoms of extreme general debility and prostration of strength soon after showed themselves, attended with profuse diarrhoea and harassing tenesmus. The symptoms noted on January 11, 1849, were—Great swelling of the lower jaw, extending up the

side of the face; excruciating pain up the side of the head, including the ear; numbness of the lower lip, on right side, not extending past the mesial line; breath exceedingly offensive, with a profuse discharge from the mouth of saliva, mixed with foetid matter; cannot swallow more than thickened fluid; pulse feeble; bowels relaxed; urine scanty and high colored; suffers but little from thirst; is highly nervous; jumped out of bed in the night, in a state of delirium; hand tremulous; unable to hold a spoon with any liquid. Beef-tea, jellies, &c., were given with wine, and beside the anodyne and strengthening medicines, injections with starch and opium were administered, from which great comfort and relief were derived. Some few days after, matter formed at the base of the jaw, which was evacuated. The basis of the bone was distinctly felt necrosed, but he made a positive refusal for more being done than the insertion of a probe. His health afterwards very gradually improved, although his system continued weak and unnerved. The violent diarrhoea, tenesmus, &c., subsided, and he was enabled to take his food as usual; but the wounds continued open, discharging matter occasionally mixed with blood, which at times was very profuse.

On September 25, 1849, he again came to consult me, having had, for the two or three preceding days, much pain on the left side of the lower jaw, which was considerably swollen. The substance of the bone at its base felt materially thickened, and there was every appearance as if similar mischief had commenced in the body of the bone on this side as existed on the opposite. His pulse was quick and feeble, and his whole system indicated great constitutional disturbance; indeed, there was every reason to believe that the poison had powerfully manifested its destructive effects on this side also, although the last ten months he had entirely withheld from work, and but seldom entered the workshops. The portion of dead bone exposed to view within the mouth on the right side, had much increased, being at least one inch in length. The discharge from the wounds had rather decreased in quantity.

CASE 2.—James B—, aged forty-five, superintending assistant to Mr. C—, and who has the credit of introducing the system of lucifer-match making into England. He has been engaged in this work for fifteen or sixteen years; he is of a sanguineous temperament; of a full, plethoric, and gouty diathesis, and habituated to excess in drinking. He was seized with pain and swelling of the lower jaw, on the left side, in the early part of the month of July, 1849. When he first came to consult me, the swelling extended far up the side of the head. I found the bone highly inflamed and thickened, being excessively tender to the touch. Upon making a careful examination of his mouth, I found the

gums looking red and spongy, and separating from the teeth, having an appearance somewhat similar to when mercury has been taken in a sufficient quantity to produce ptyalism; but the marginal ulceration was not so distinctly marked; the teeth on the side affected, loosened, including two of the incisors, the whole of which were in a fearfully neglected and encrusted state, and the breath was sadly offensive. Most of the loose teeth were removed, several being easily extracted with the finger and thumb. Antiphlogistic treatment, with purgatives and salines, were prescribed, with the external application of fomentations and poultices. He continued under my care till the latter part of the month, when he left this neighborhood, and went to his friends in London, where he soon after placed himself under the care of Mr. Simon and Mr. Dixon, in St. Thomas's Hospital, from whom I have learnt that the bone has since become extensively diseased.

Remarks.—Cases of a similar kind to those related above have fallen under the observation of, and been published to the medical world, by Drs. Heyfelder and Deitz, of Nuremberg, and F. W. Lorindser, chief surgeon at Vienna—places where the phosphorus match manufacture is carried on extensively. In this country, Prof. Taylor, in his admirable work on Poisons, has briefly referred to the subject, as also Mr. Stanley, in his recent able volume on Diseases of Bones.

The work in which the two preceding individuals were engaged being of a comparatively new character, it may be desirable to show to what extent their bodies were exposed to the poisonous vapours of phosphorus, whilst occupied in their several vocations.

The duties which each of them undertook to perform were those of “the dipper.” Phosphorus, combined with oxymuriate of potash, glue, &c., made into a paste, is placed on a metal plate, at a temperature sufficiently high to keep it liquid. Into this preparation on the heated plate is dipped the bundle of matches, ready prepared with sulphur; so that the dipper has to stand over the plate, and inhale from the abundant flames which are eliminated. So completely are the clothes and dress of the person impregnated with the phosphorus, that at night, in the bed-room, when dark, they appear incandescent. Beside the quantity which has to be inhaled during the various dippings, (which, in Mr. C——’s factory, continues for half an hour, during three or four different times of the day,) the person has to prepare the compound for the dipping, during which process much of the phosphorous acid is given off. During the drying of the matches when made and dipped, the vapour is eliminated in considerable quantities into the same room in which the usual work is carried on. Lately, however, means have been con-

trived, in this factory, to prevent so great an inhalation of the poisonous fumes; and I have further suggested, what in all probability will be carried into effect, that a mask be worn over the face of the dipper, which shall have at the end a tube to pass out of the building into the open air, which mask is to be provided with valves for exhaling and inhaling, like to those attached to the chloroform inhalers.

It is evident, from the two preceding cases, that phosphorus, when imbibed into the system in a slow manner, acts as an irritant poison.

How far its action is like to that of the mineral irritant poisons—more especially mercury—is worthy of the observation of our toxicologists.

Its effect is seen early upon the gums, and their after condition shows some similarity to those which are in a state of salivation.

Inflammation, with ulceration around the teeth, were clearly marked in the early stages; also inflammation, with thickening and induration of the maxillary bones, periosteum, &c.

It will be an interesting enquiry to make as to the mode of action of the poison—whether the phosphorus acts locally as an irritant, extending its inflammation from the gums, &c., to the bone itself? or whether it is absorbed into the system, and received by the blood as a poison, and then produces its effect, as irritant poisons when taken into the stomach?

There was, doubtless, in each case, great constitutional disturbance, and the effect upon the nervous system was very marked. At times, C—— suffered severely from nervous twitchings of a very distressing character, extending down his legs, awakening him out of sleep. He complained of overpowering depression of spirits, being, as he expressed himself, “quite unmanned.”

No excess of mercury or arsenic had ever been taken into the system in either of the above cases. M. Dupasquier believes that this disease of the bones is not dependent upon the vapour of phosphorus, (which he considers as possessing no poisonous action) but upon the presence of arsenic, which he believes to be used in the manufacture of lucifer matches. In this opinion, I can scarcely anticipate he will have many followers, for in each case I know of, there was an absence of cardialgia, vomiting, inflammation of conjunctiva, suffusion of the eyes, &c., symptoms which would have been present, had arsenic been the poison which had slowly been received into the system.

It is most assuredly a singular circumstance that phosphorus, which holds so important a part in the structure of bone, in form of phosphate of lime, should produce such a destructive action upon bone, when received into the system in excess. Professor Taylor says, “These effects

have been attributed to the respiration of the vapours of phosphorus, which are supposed, by becoming acidified, to act chemically upon the bones."

A circumstance of much importance in a medico-legal point of view may result from being acquainted with the fact, that by inhaling the vapours of phosphorus, such symptoms are made manifest; in cases of suspected poisoning by mercury, the inflammation and ulceration of the gums, with its attendant loosening of the teeth might be looked upon as strong and convincing evidence that mercury had been administered, when in reality not a particle had been taken into the system; how important, then, may it be to satisfy the mind, prior to forming any conclusion, that the occupation of the party has not been such as to expose him to the long-continued inhalation of the fumes of phosphorus!

Further interest is attached, in the consideration of these cases, to know how far the combination of sulphur with phosphorus may increase the destructive influence of the vapour. Leopold Gmelin, the Professor of Chemistry in the University of Heidelberg, in his Hand-book, lately translated by the Cavendish Society, points out in a very extended manner the numerous combinations of sulphur with phosphorus, and shows the various compositions and decompositions which occur when they are mutually acted upon. This point I must entirely leave to the more profound knowledge of our chemists; there are, however, abundance of facts demonstrated, showing that some of the various gaseous products are extremely volatile and destructive.

An attentive chemical enquiry may be the means of throwing some light on the rationale of the treatment which ought to be pursued in the early stages. My friend, Dr. Hutchinson, whose opinion I at all times most highly appreciate, in a note to me, says—"The more I think of the case, the more I feel inclined to believe in the importance of administering freely the muriatic acid; if we are to be influenced in any way by the effect it has upon dead bone, there is a little reason to suppose it may have a slight effect upon what appears to be the poisonous influence upon bone of an excess of phosphorus, either circulating in the system, or locally absorbed by those bones most exposed to its influence; it may also be of service by exciting a general, beneficial, constitutional effect."—*London Lancet*.

ART. VII.—*New mode of Reducing a Strangulated Hernia.* By BENJAMIN T. HODGE, Esq., Surgeon, Sidmouth.

A few days since I was sent for to attend a man living some miles distant; but, being absent from home, and having numerous professional engagements, I did not arrive at my patient's house until several hours had elapsed. The case was one of strangulated oblique inguinal hernia, the rupture being of several years' standing, though strangulation of the intestine had never before taken place, as the patient was in the habit of reducing it himself with no great difficulty. On this occasion, however, he was not so successful; and the usual alarming symptoms—vomiting, constipation, and tenderness of the part—having presented themselves, he lost no time, during the interval before my arrival, in trying every means which occurred to him as most likely to facilitate his object. The external application of cold water, the warm bath, and the taxis, under every variety of position, as far as he himself could employ it, were all in vain. At last the pain became so acute, that he lay on the floor in the corner of the room, and raised his back against the wall, till at length he fairly stood on his head. After remaining in this position for a minute or two, the tumour receded without manipulation, and the hernia was reduced spontaneously. This occurred only a few minutes before my arrival. Relief had been instantaneous, and a dose of castor oil rendered further treatment unnecessary.—*London Lancet.*

ART. VIII.—*On the Section of the Tendo-Achillis in some cases of Fracture of the bones of the Leg.* By CAMPBELL DE MORGAN, Surgeon to Middlesex Hospital.

At a meeting of the Royal Medical and Chirurgical Society of London, November 27th, 1849, Mr. De Morgan, after referring to the operation of tenotomy as practiced not unfrequently on the continent in cases of fracture, where unusual difficulty is experienced in reducing and keeping quiescent the fractured ends of a bone, related the following cases illustrative of this practice, where the tibia and fibula were the seat of the injury, and the tendo-Achillis that of the operation. He believes they are the only instances thus treated in this country. The first case is furnished by Mr. Shaw, in whose practice it occurred:—W. S—, aged forty, was admitted into the Middlesex Hospital, on February 12, 1847, having fallen down stairs in a state of intoxication. Both bones of the leg were broken, and the fracture of the tibia extended through both malleoli, the foot being twisted outwards. Violent spasms of the

muscles frustrated all attempts to keep the fractured extremities of the bones in apposition; the slightest movement brought on this spasmodic contraction, which extended to all the muscles of the limb, so as to cause great distortion of the foot, and render the skin over the base of the tibia extremely tense. All the symptoms continuing unabated on the following day, and the suffering of the patient being considerable, Mr. Shaw determined on dividing, in the usual way, the tendo-Achillis, which was very tense. After this, all the difficulties ceased, and no further trouble was experienced in the treatment of the case. The second case occurred in the author's own practice. The patient was a female, aged sixty-six, of drunken habits, and was admitted into the Middlesex Hospital in March, 1849. She had been knocked down by a cab, and both bones of one leg were fractured a little above the ankle. The symptoms and condition of the patient were very similar to those of the last, and every mechanical and therapeutic measure which could be suggested to relieve the spasms were tried in vain. The author divided the tendo-Achillis on the ninth day, with instant relief to the suffering of the patient, and immediate removal of all untoward symptoms. In less than a month the chasm left after division of the tendon, which was not very great, had disappeared; and, a fortnight subsequently, she was able to walk on crutches, and the foot was free from deformity. After some general remarks on the value of the operation in the foregoing cases in relieving suffering and spasm, the author proceeded to remark that he thought so simple and harmless a proceeding as dividing the tendo-Achilles might be adopted with advantage in other cases of more frequent occurrence, especially as the cure would not thereby be retarded. He concluded with noticing a remark of M. Bonnet's, that he has frequently divided the tendo-Achillis in cases of diseased ankle-joint, where rest was imperative, and the heel was drawn up by the muscles inserted into it.

In the discussion which ensued, Mr. Erichsen thought the Society greatly indebted to Mr. De Morgan for having pointed out so simple a means to enable the surgeon to obtain proper command over the foot in cases of fracture of the leg. Every surgeon must have experienced great difficulty in the treatment of oblique fractures of the tibia and fibula low down, from the inability to keep the foot in position, in consequence of a spasm of the muscles of the calf; and if section of the tendo-Achillis removed this, it was certainly a justifiable procedure. There was one class of injuries that had not been adverted to this evening, in which section of the tendo-Achillis had been advantageously resorted to—he meant dislocations of the astragalus forwards; and its employment in these cases was one of the many improvements in sur-

gical practice for which we are indebted to the modern school of Dublin surgeons. In the cases he alluded to, reduction was prevented in consequence of the impossibility of disentangling the upper surface of the calcareum from the articulating surface of the tibia against which it was jammed by the spasms of the strong muscles of the calf. Now in these cases the tendo-Achillis had been divided with the view of removing the spasm, so enabling the surgeon to obtain command over the foot and reduce the astragalus. It had been done successfully in Dublin, but he was not aware that the operation had been practised in this county, except in one case in the provinces.—*London Lancet*.

ART. IX.—*Case of Rupture of the Calcaneo-Scaphoid Ligament.* Related at a meeting of the Westminster Medical Society, December 1, 1849.

A lad, aged nineteen, “slipped up” whilst carrying a considerable weight. Swelling, great pain, and inability to rest the body upon the foot, followed. Five weeks after the accident, the time when the case first came under the care of Mr. Nunn, the swelling had in some measure abated, but the foot could scarcely touch the ground without producing intense pain. The arch of the foot was very much flattened, and the styloid process of scaphoid bone could be detected more easily than in the sound foot, in spite of the swelling and thickening of the tissues. During six weeks, complete rest, iodine paint, pressure by strapping, with camphorated mercurial ointment, hot fomentations, placing the foot on a higher level than the rest of the body, had each a trial given them, without producing at all an encouraging amount of improvement; the exquisite tenderness of the sole of the foot remained unrelieved. After the failure of these remedial measures, Mr. Nunn subjected the foot to a course of rubbing, or rather kneading, with the balls of the thumbs. This treatment, although at first accompanied with severe suffering, produced, after a few weeks, most satisfactory results. The effusion disappeared, the morbid sensibility almost ceased, and the part was ultimately restored to its proper office. Mr. Nunn said, that he considered the great tenderness to have arisen from the effused lymph having imbedded the nerves in a solid medium, and that thereby any pressure, however slight, was immediately transmitted to them, instead of being warded off, as in a healthy condition of parts, by the highly elastic pad of fat and muscle by which the nerves were protected. Mr. Nunn’s explanation of the success of the treatment was, “that by means of the strong friction and kneading, the more deeply-seated vessels were stimulated to increased, and, at the same time, healthy action.”—*London Lancet*.

OBSTETRICS.

ART. X.—*On the Mechanical Treatment of Sterility.* By HENRY OLDHAM, M. D.

There have been three plans of treatment of a mechanical kind, for the cure of dysmenorrhœa and sterility, recommended and practiced; and it is impossible for any one in practice in this city [London] as an obstetrician, and who reads the weekly and monthly journals, to be blind to the fact, that these means have of late been unsparingly and boldly employed. They consist, first, of the dilatation by metallic bougies or sponge tents, or by section of the os uteri internum and externum; secondly, of the removal of the front or back displacement of the womb by Dr. Simpson's uterine stem supporter; and, thirdly, by probing the Fallopian tubes. It is impossible for me to omit the notice of these expedients; although, if the womb be ascertained to be undersized, they would I should hope, be abandoned in reference to it. No cutting, or dilating, or supporting, or probing, can make a small womb larger; and the amount of uterine stimulus which they would excite would be considered far too unimportant to justify their use. I know, however, that the characters of the reduced womb (if I may so call it) are not always appreciated in their entirety; and a source of error may arise from mistaking the natural and proportionate smallness of its orifice for a contraction to be removed mechanically. The anteversion I have noticed would, by some, be regarded as an efficient cause of sterility and dysmenorrhœa, and the uterine supporter be applied; while I suppose that Dr. Tyler Smith, if one or both these plans had been tried and failed, would, *par voie d'exclusion*, consider it as coming within the undefined limits of tubal catheterism. The few remarks, however, which I shall make upon this subject, must be supposed to apply to the mechanical cure of sterility and dysmenorrhœa generally, without any strict application to these disorders as connected with the undeveloped womb.

There are few cases which come before an obstetric practitioner which are so full of perplexity as those of sterility, especially where it is limited to those cases where the os, and cervix, and body of the uterus are free from any recognizable disease. Recent researches have afforded most valuable information on the composition of the male and female generative elements, and the physiology of generation; but our knowledge of the various causes by which impregnation is intercepted or prevented is very limited. One of these, no doubt, is any such partial or complete occlusion of the sexual canals as to prevent the transmission of

the semen. Others are to be found in imperfectly developed ova, within a shrunken ovary, or some defect in the semen, or a want of congruity between the two elements. These are subtle and concealed causes, difficult, and, with our present knowledge, almost impossible to detect, but of infinitely greater importance in their relation to primary sterility than the mechanical obstacles which have of late so exclusively engaged attention. It appears to me that the cases which justify the use of mechanical treatment require the greatest discrimination, not only on account of the facility with which they may be confounded with perfectly natural conditions, but also because these operations are not without danger. There is scarcely any amount of danger or pain that women will not go through to obtain the prospect of becoming mothers. They are notoriously credulous as to success, and are the ready, and often the costly victims of empiricism; and I would venture to say, that obstetricians ought to be nicely scrupulous in encouraging a plan of treatment of a very doubtful efficacy, and dangerous to life. I cannot imagine a position more overwhelmingly distressing to any right-minded man than to have been the means of destroying the life of a woman in the endeavor to remove sterility. And yet, I am sure that, in these operations, a hazard is run quite disproportioned to the amount of good accomplished; and I shall recount two fatal cases which have come to my knowledge; and I cannot but infer that others of a similar kind have occurred, but have not been recorded side by side with those of a more fortunate issue.

I feel great confidence in saying that the true congenital stricture of the os uteri, externum or internum, or of the Fallopian tubes, sufficient to prevent impregnation, is *very rarely* to be met with; and yet nothing is more easy, with the idea of a mechanical impediment in the mind, than to be self-persuaded into the belief that the natural orifice is too small. It is quite impossible to fix a standard size for the inlet to the womb. It has often happened to me to feel the virgin os uteri extremely small, and yet pregnancy to take place. The sound, too, is a very insecure guide to the measurement of the os internum; and I think it is most reprehensible practice to allow a neuralgic dysmenorrhœa, whose seat I believe is generally in the ovary, to be the indication for this meddlesome practice. The only cases, in my opinion, in which a mechanical dysmenorrhœa with sterility can be said to exist, are those in which the tissue of the cervix is large and firm, and the os uteri is diminutive in comparison with the size of this body: a small, almost imperceptible, round aperture perforating a bulky cervix. When the tissue of the cervix is not so condensed, but has its normal, yielding feel, I doubt altogether the propriety

of regarding a very small os uteri as a strictured one. I have myself successfully treated by dilation some cases of the kind above cited, but they are *very few*, compared with the large number which come under my care.

1. I am indebted to my friend, Dr. Golding Bird, for the following instructive case. On April 7th, 1849, I received from him the uterus and appendages of a lady who had died from peritonitis, excited by attempts to cure sterility by mechanical dilation, whose history, as furnished to me by Dr. Bird, is as follows, and with whose concurrence I publish it:—

“A lady of dark complexion, aged 36, married seven years, and never pregnant, resided in Jamaica. From youth she suffered intense dysmenorrhœa, and always had pains during sexual intercourse. She was nervous, hysterical, and exciteable to the last degree, and was supposed to have suffered from every possible form of inflammation; these attacks obviously being neuralgic, so common in hysterical women. In June last, by the advice of her physician in Jamaica, she came to London, for the express purpose of having the os uteri dilated, which had already been attempted by wax dilators. The obstetric physician who was consulted in London coincided in this opinion, and thought the sterility and dysmenorrhœa depended on a stricture of the os uteri. He divided the os uteri with a cutting instrument, and introduced silver dilators. This produced horrible suffering; and, although at first she fancied the pains of menstruation were rather better, they soon became as bad as ever, and she did not experience the slightest relief. She left off the treatment for a time, but was soon again inclined to resume it; and silver canulæ were passed into the os, and left there. Again she suffered frightfully. On Saturday, March 31st, a gentleman, the assistant of the physician, passed in another tube, but the distress was intolerable; and sickness and shivering coming on, she urgently begged her sister to try and remove it, which she succeeded in doing. Getting worse, a neighbouring surgeon was summoned, and he found her laboring under what he regarded as peritonitis masked by hysteria. She had scarcely any fever, collapse coming on immediately, and she continued sinking until Tuesday, when I (Dr. G. Bird) was summoned to her. I found her at her sister's residence at T—— Park, presenting almost the collapse of cholera: pulse 200, and a mere thread; distended abdomen; vomiting of black fluid; intense irritability. All treatment was useless, and she soon sunk. On examining the body, and raising the omentum, no appearance of disease of any kind was found above a line connecting the anterior superior spinous processes of the ilia. Below this line there was intense

peritonitis; the convolutions of the intestines covered with butter-like lymph, and the pelvis filled with pus-like fluid; the right ovary and broad ligament covered with the same butter-like lymph, but so feebly adherent that it washed away by dipping it in water; the cavity of the uterus was filled with bloody mucus. There was no other disease."

The uterus and appendages were examined by Dr. Oldham.

The uterus had been opened by a single oblique division of the anterior wall, directed from the cervix to the left angle of the womb. The uterus was larger than usual for the virgin: it was rounded on its anterior surface, and a bulging convexity of the posterior wall, which, with the general softness of the tissue, showed it to have been the seat of recent engorgement.

The blood-vessels over the entire surface of the uterus and appendages were injected with blood, especially the fimbriated extremity of the tubes, the ovaries, the broad and round ligaments. On the anterior surface of the body of the uterus were two small projecting fibrous tumours, the size of a large and small pea; the serous investment of them was highly vascular, the blood-vessels rising over them just like the calyx of the ovarian ovum of the bird. There was a similar, more flattened growth in the posterior wall.

The divided surface of the anterior wall showed its proper structure to be much enlarged (it measured in the body eight lines); the muscular structure was soft, and the veins large, a probe easily ran through them. The length of the united cavities was two inches and ten lines, the canal of the cervix being one inch five lines. The mucous membrane of the cavity of the body was soft, slightly raised, and of a vermilion hue. Agitation in the water was sufficient to loosen and separate it.

At the os uteri internum, there was a zone of highly injected blood vessels, broken only at one point; the circumference of this aperture was eight lines. The os externum had a clean, smooth edge, without any break or mark of division; its circumference measured one inch one line. The cervix had its characteristic markings, and the glands were empty of mucus. On the right side of the divided cervix, which would have formed the front wall, the ribbings were stretched upwards, enlarging the mesh-like appearance; and, towards the os internum, some were lacerated transversely, and from this to the os externum the structure was more ragged than usual.

The right tube.—The extremity of the tube was almost entirely closed as a congenital formation, the aperture being very small. When opened the fimbriated end showed its characteristic rich folds of mucous membrane, which were much injected, and were covered with bloody mucus.

The remaining two-thirds of the tube was apparently healthy, not vascular, and pervious throughout.

The right ovary, which was almost covered with lymph, soft and large. There was a cyst large enough to hold a small nut in the uterine end of the ovary. The stroma was gorged with blood. There was only one puckered Graafian follicle; the surface of the ovary was thick and corrugated.

The left ovary was irregular in its shape, a projecting mammillary portion coming out from its outer end. This, on being cut into, was hard and vascular, like the commencement of malignant disease; the ovarian tunic was thick and wrinkled; the stroma vascular; a few remains of Graafian vesicles, with puckered tunics, and some clots of different colours, black and brownish.

The left tube vascular at its fimbriæ, healthy in its mucous membrane, and its canal pervious throughout. This tube passed into the uterus more directly than its fellow, which was more curved. The veins healthy; arteries healthy; the right round ligament large and vascular; vagina healthy.

It is unnecessary to comment at any length upon this case. It affords a most instructive example of the dangerous effects of dilatation, even in experienced hands, and the great caution with which it should be undertaken. It is important, too, as showing the difficulty of detecting the cause of sterility. I am sure there was no kind of morbid contraction in this case, and that the os and cervix uteri, which were alone treated, had nothing whatever to do with the dysmenorrhœa or sterility. Both of these, no doubt, were dependent on the atrophy of the ovary; and the congenital obliteration of the end of the right tube would have been sufficient to exclude the corresponding ovary from any share in the function of reproduction.

2. Another presumed cause of sterility and dysmenorrhœa is any deviation in the position of the uterus, and hence an indication for the cure of these disorders is to replace this organ, and hold it in its proper axis in the pelvis, by means of Dr. Simpson's uterine supporter. D. Rigby and others have related cases of this kind. It is not necessary for me to reiterate the objections which I urged in the last number of the reports upon this subject; but I cannot avoid relating the following case, which more than confirms my opinion of the dangers which may arise from this supporter. I am indebted to Mr. Bransby Cooper for this case, which, like the preceding one, ended fatally, and which he has given me his permission to publish:—

A young married lady of great personal attractions, was attended by

Mr. Cooper for a very painful fissure of the anus, which he divided and speedily cured. She then spoke to him of what had been to her a very distressing social trouble, namely, her sterility, which she associated with a perfect indifference to sexual intercourse. Mr. Cooper examined the sexual organs; but, as he did not discover any defect which could be remedied by surgery, he referred her to a physician-accoucheur. This gentleman detected the uterus in a retroverted state, which he looked upon as the probable cause of the sterility. For the cure of this displacement, he introduced a uterine stem supporter, which set up peritonitis, of which she died in three days.

It is much to be lamented that the warning which such a case as this imperatively suggests should not have been published by the obstetric physician in whose practice it occurred. My own opinion is that mere displacement forwards or backwards, if the uterus be not diseased, does not commonly cause sterility; and I cannot but characterize the practice of fixing the womb in a definite position by means of a stem supporter, as rash and hazardous, causing severe irritation and pain, and even death, to the patient, with, at the best, a very questionable amount of good. The anteversion or retroversion of a small uterus, without other complications, does not, in my experience, occasion any great distress; and it is far better to leave it alone, and improve its tissue with the rest of the organs of the body, than to prop it up for a time under the feeble pretence of curing it.

3. Dr. T. Smith's adventure of catheterizing the Fallopian tubes I know of only from his papers. I have the instrument by me, but at present I have no intention of using it.—*Guy's Hospital Reports*, (Oct. 1849,) and *American Journal*.

ART. XI.—*Cæsarean Section.*

DR. THOMAS RADFORD records, in the *Prov. Medical and Surgical Journal*, (August 22, 1849,) a case of Cæsarean section terminating successfully, both to mother and child. The patient was thirty-one years of age, fair skin, and had been married nearly nine years. During this period, she has had five children. The labours of the first four were natural and quick; the last of this number happened three years ago, and was so rapid that the infant was born before the obstetrician arrived. After the birth of the second, she was rather more delicate, and suffered a little from indigestion; and about five or six years since first complained of slight rheumatic pains about her hips. Two years

since she was confined to her bed for a short time, by pains about the pelvis; but she gradually recovered, and afterwards was able to walk about tolerably well. Her general health remained the same up to the period of her last pregnancy. She was now observed to limp a little when she walked, and to be less in height.

During her gestation, her progression was more difficult, and her gait more waddling. She also complained more of pelvic pains; and the diminution in her stature now evidently increased. *Mollities ossium*, the disease under which she suffered, usually commences during pregnancy, and generally becomes suspended in the interval, returning in an aggravated form in each successive pregnancy, until its ravages had completely destroyed the form of the pelvis. In this case, however, it did not exactly pursue this course. There is no doubt there existed a strong predisposition to the disease—most likely hereditary; and probably the disease began at the latter part of the second pregnancy, but evidently no great, if any, mischief was done to the pelvis at this time, or for a long time after this period, as the third and fourth labours were so rapidly and easily terminated. The rapidity of its progress is remarkable; for there is little doubt that the great degree of distortion took place immediately before and during the last pregnancy.

When this patient was seen by Dr. Radford, she had felt slight pains, according to the account of the friends, about a week; but Mr. Cluley thought the true parturient pains had only existed about three days, and which were so slight as not to require his interference. On this day (Sunday, May 20, 1849,) at nine o'clock, he was again called, and although the pains were still trifling, he made an examination per vaginam, but was unable to feel the os uteri or the presentation; he, therefore, had her taken out of bed and placed on the lap of a female friend, and again repeated his inquiry. The head of the infant was now felt, and the os uteri found dilated to the size of a half-crown piece. In this manner he unintentionally ruptured the membranes. The pelvis, he mentioned, was considerably contracted. I found her lying on the right side. Pulse 120; tongue clean and moist; her countenance tranquil, but a little flushed. Her bowels had been freely and fully moved this morning; and she had also freely and duly urinated. She was helplessly fixed on her side, and when requested to turn, she remarked that she suffered very great pain when she made an attempt to do so, or was by another person turned on the back. The pelvis was very considerably altered from its natural shape; its sides were flatter; and the posterior division of the ilia, especially on the left side, projected backwards; and the upper portion of the sacrum and the lower lumbar vertebrae had

sunk in an inward and downward direction, so that a great concavity was perceived here. The uterus inclined rather to the right side, and stood considerably more forward than usual, although it had not assumed the retort form to the same degree as I have witnessed in former cases; its tissue felt soft and compressible. The fundus or upper division of the organ was fluctuant, and rounder in shape than it generally is after the discharge of the liquor amnii, which led me to conclude that a great portion of this fluid still remained. This opinion was corroborated when I attempted to ascertain the position of the infant through the abdominal parietes, for at the lower or cervical portion of the uterus, whence it was presumed the fluid had escaped, the projections of its body could only be felt.

By a vaginal examination, I found the lower aperture of the pelvis very considerably diminished by the close approximation of the rami of the ischia and pubes which nearly destroyed the arch, and by their jutting forward there remained only a narrow slit, which would not admit the point of the finger. In the transverse diameter, two fingers could only be placed between the tubera ischii; the antero-posterior diameter was also much shortened by the coccyx and the lower part of the sacrum being considerably incurvated. This great diminution in the outlet rendered it difficult to measure the brim, so that it was necessary to carry the hand very far backwards to accomplish it. Its figure was tripartite, or composed of three divisions. This alteration in the brim was occasioned by the falling downwards and forwards of the upper part of the sacrum, and the lower lumbar vertebræ which inclined a little more to the left side, and by the body of the ossa pubis and ischii being forced backwards and inwards, and by the jutting forwards of the symphysis and rami of the pubis. The measurement of the widest part of the conjugate diameter, in the two lateral divisions, did not exceed an inch and a half; I could only place two fingers, one lying a little over the other. The anterior division was not more than half an inch in its widest part, as it would scarcely admit one finger edgewise. The length of this narrow opening is not relatively available in practice. In the transverse diameter of the brim, I could just place three fingers parallel with each other. The external genitals were free from tumefaction, and the vaginal lining was moist, and of a natural temperature. Whilst lying on her side, I was unable to feel either the os uteri or the presenting part of the infant, but on placing her on her back (which occasioned her great pain,) the os was felt to be dilated to rather more than the size of a shilling. She had not felt the movement of the infant since the morning, but by

the stethoscope I satisfactorily heard the pulsations of its heart, which fact Mr. Cluley afterwards corroborated.

Under these circumstances, the Cæsarean section was considered as giving the best chance to the mother and child, and was accordingly performed. The incision was made to the left of the linea alba, it having been previously ascertained by auscultation that the placenta was not located there.

Dr. Radford says that he has operated on five women, of whom two have been saved and three lost. Of the five infants extracted, two were saved and three lost.

One of the women who died had been in labor thirty-four hours; the membranes were ruptured two hours afterwards; pulse 150 in the minute, and feeble; repeated vomiting; had great tenderness in the belly, which was considerably increased by pressure; great thirst; tongue furred and dry; great anguish expressed in countenance; external genitals much swelled; vagina hot, dry and rough. On withdrawing the hand, an odour was perceived from it similar to that which takes place from partially decomposed animal matter. The movement of the infant had not been felt for some time, and its heart could not be heard by the aid of the stethoscope. When extracted, it was dead. In another of the cases which occurred, the woman had been in labour and the membranes had been ruptured twenty-two hours; pulse 130; skin hot; tongue furred; thirsty; pains very frequent; had great tenderness in the belly, which was considerably increased by pressure. The infant was alive, but was destroyed by being spasmodically seized around the neck by the uterus. — *Vide Edinburgh Medical and Surgical Journal*, vol. lv. p. 67.

In the third case, the duration of labour was fifty-three hours, and the membranes had been ruptured fifty hours; abdomen excessively tender; foetid discharge from vagina; pulse 120, irritable, and weak; bowels had not been moved for several days; frequent vomiting; skin hot; great thirst. The incision being made, the intestines were exposed and much inflamed; there was some serous effusion of a red colour in the belly; peritoneal coat of the uterus injected. The infant had not been felt by the woman to move, nor could the pulsation of the heart be perceived by the stethoscope. When drawn out, it was putrid.

From the above statement of the condition before the operation, of the three women who died, we are warranted to conclude that their deaths were not attributable to the operation. We have in all of them indisputable evidence that the mischief was occasioned by protracting it, more especially in the two last mentioned cases.

Of the three infants extracted dead—in that of the first case we have every reason to believe it was so before the operation, as it was not felt

by the mother, nor could we hear the pulsations of its heart. In that of the second case, it was alive, and its death is no doubt chargeable to the operation; but it was produced by a cause which, I think, may in general be avoided, or at least guarded against. The third to be accounted for was already dead and putrid.—*Ibid.*

ART. XII.—*The Diagnosis of Ovarian Dropsy.* Abstract of a Paper read, by Mr. BROWN, before the Westminster Medical Society, 24th November, 1849.

Amongst the general signs of ovarian dropsy, we must place emaciation of the neck and shoulders, expression of the countenance peculiar, indicating, in a marked manner, the presence of this disease. The face is elongated, thin, and partially shrivelled; anxiety and care are strongly depicted in it; the angles of the nose are drawn downwards; the lips are thinned; the mouth loses its curves, the angle being drawn downwards; the cheeks are furrowed; the eyes are remarkably defined, owing often to the sunken space between the eyelids and the bony margin of the orbit; the skin is thin and pale; in short, the whole of the cellular tissue of the face is atrophied; but, unless the disease be malignant, the skin has not the peculiar aspect which it acquires in malignant disease. The extremities are seldom swollen, as in ascites, and, consequently, the patient can walk about with comparative ease. There is generally, also, but little disturbance to digestion, and usually adequate action of the liver. Respiration, and the action of the heart, are less disturbed than in ascites, but the heart's action is feeble, owing to the diminution in the whole mass of the blood. The special signs are—First, we can trace the commencement of this disease from one of the ovaries deep down in the iliac fossa; a tumour pressing between the rectum and the vagina may be felt, either through the walls of the vagina or the rectum, not excessively painful, but elastic; on firmly pressing it, especially if at the commencement of the formation of the tumour, you can get it between the thumb in the rectum, and the middle finger in the vagina; but you can also frequently feel an egg-like enlargement around the ovary, thro' the abdominal parietes, especially if you flex the thighs on the abdomen, so as to relax the muscles. This tumour gradually and definitely increases, still maintaining a rounded outline, and ascends from the pelvic cavity to the abdominal, and rises in the front of the bowels, distending the abdominal parietes, and sometimes reaches the ensiform cartilage,

pressing up the liver, stomach, pancreas, and spleen, so as to elevate the diaphragm, and thus contract very considerably the thoracic space. This tumour, which, as it ascends, becomes more fluctuating, occupies the side from which it originates; but whilst it throughout retains a preponderance towards that side, it gradually extends to the opposite. The veins of the abdomen are generally much increased in number and size. The sac containing the fluid being circumscribed, the indications afforded by percussion are also circumscribed, and the sounds on percussion are of course dull over the sac and resonant over the surrounding intestines. On examination per vaginam, fluctuation can be generally felt through its walls, and the vagina itself is elongated and drawn up, sometimes even under the arch of the pubis; the uterus is also either drawn up or passed back on the rectum; the cyst is generally round and smooth on feeling it through the parietes of the abdomen, and moveable from side to side, and is not materially altered by change of position, either recumbent or upright. These special signs apply more particularly to unilocular ovarian dropsy. In multilocular, we almost invariably have an uneven and irregular surface of the cyst, and generally one or more solid tumours, which appear inelastic and without fluid; but in very many cases these tumours will be found to be additional cysts, containing fluid, tense, owing to the pressure of the fluid in the larger one. Mr. Brown has frequently found this to be the case; and this was proved by evacuating the contents of the larger cyst, and again introducing the trocar through the canula still in the opening, thrusting it into the apparently solid tumor, and finding immediately an escape of fluid. On examining a multilocular cyst, fluctuation is not very distinct, if you examine the entire cyst; but if you tap over any one of the sacs, fluctuation is apparent, but only over that one not being at all communicated to the adjoining cyst or cysts; where, however the fluid is gelatinous or albuminous, fluctuation cannot be so readily felt. The same observation applies to those cases containing thick, cheesy matter, mixed with pus, and sometimes with hair. But we have also distinct solid tumours in connexion with these fluid ones; and then there is no sense of fluctuation. This observation applies both before and after evacuating the contents of the fluid cysts. Having ascertained the nature of the tumour, so far as to say whether it is unilocular or multilocular, the next important subject is as to the presence of adhesions. In examining for adhesions, Mr. Brown directed that the patient should be laid in the horizontal posture, and be made to flex the thighs on the abdomen so as to relax the abdominal parietes; he then moved the cyst from side to side. If this were readily done, he knew there were no adhesions. Again he placed his hand

firmly on the relaxed parietes, and moved them over the cyst. If they moved readily he knew there were no adhesions on the upper and lateral surfaces of the cyst. Again, as the parietes are thin in this disease, he grasped and puckered them up, and then moved them over the cyst, and also saw if they gathered up readily, without raising the cyst itself. If he found these three indications, Mr. Brown determined that there were no adhesions. Another plan, for which he was indebted to his friend, Dr. Sibson, is based on the extent to which the contents of the abdomen are forced downwards during a deep inspiration, by the descent of the diaphragm. If there be no adhesions in front, the upper boundary of the ovarian tumour descends to the extent of an inch during a deep inspiration, the place previously occupied by the tumour being now taken up by the intestines; consequently, if you percuss over the upper part of the tumour, a dull sound is elicited during ordinary respiration; but when the patient takes a deep inspiration, an intestinal resonance is there perceptible. Mr. Brown then alluded to those diseases which may be mistaken for ovarian dropsy, and slightly remarked on their peculiar signs. They were—1st, retroflexion and retroversion of the uterus; 2ndly, tumours of the uterus; 3dly, cystic tumours of the abdomen; 4thly, ascites; 5thly, pregnancy; 6thly, distended bladder; 7thly, distended bowels from flatus; 8thly, fæces in the intestines; 9thly, diseased viscera of the abdomen.—*London Lancet.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—A SYSTEMATIC TREATISE, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian, and Esquimaux varieties of its population. By DANIEL DRAKE, M. D. Cincinnati: WINTHROP B. SMITH & Co., Publishers; Philadelphia: GRIGG, ELLIOTT & Co.; New York: MASON & LAW. 1850. Large 8vo, pp. 978.

The book with the above title, and which has reached us too late to allow of more than this notice of its appearance, is the first volume of that comprehensive treatise, upon which it is well known its distinguished author has long labored. It is dedicated to the Physicians of the inte-

rior valley of North America, as an attempt to lay an extended foundation for a history of its diseases, and from the modest preface, it appears that we may expect a truly original work, and also a truly indigenous one; things not without their signification. We promise ourselves a rich treat in its critical study, and hope our readers will hasten to keep us company, by possessing themselves of it, as early as may be.

2.—A TREATISE ON THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF CONGENITAL DISLOCATIONS OF THE HEAD OF THE FEMUR. Illustrated with Plates. By JOHN MURRAY CARNOCHAN, M. D., Lecturer on Operative Surgery, with Surgical and Pathological Anatomy, &c., &c. New York: S. S. & W. WOOD, 261, Pearl Street. 1850. Large 8vo, pp. 235.

This is a praiseworthy attempt to draw the attention of the profession to a remarkable pathological condition of the coxo-femoral articulation, which has frequently been mistaken for other diseases of this part, especially *morbus coxarius*, coxarthrocace, or the so-called hip-disease. After enumerating the different theories which have been promulgated, to account for the production of this singular disease, the author gives as his own, the following: "That the displacements of the hip-joint in question, are the result of spasmodic muscular retraction, not dependent however, upon mere absence of the central nervous substance, but upon an irritation conveyed to, or originating in, the ganglionic centre of the medulla spinalis. This irritation or altered action, which occasionally may result in structural lesion, is thence transmitted by the reflex-motor power of the excito-motor apparatus of the spinal system upon the muscles, which consequently become affected, and by their continued retraction disarticulate the head of the femur." It appears that hereditary predisposition plays no small part in the production of this disease, which, therefore, like clubfoot, runs in families; and quite a majority of cases are observed in females, possibly from the greater susceptibility in that sex, to the effects of any morbid irritation of nervous centres, occurring during some period of foetal life, and probably in connexion with this, or by itself alone, the anatomical peculiarities of the female pelvis, with regard to the acetabulum.

As might be expected, the pathological appearances met with on dissection of the parts, vary with the period of life at which they are subjected to examination, especially in the articulations and ligamentous structures concerned in the malady. But they are by no means limited

to the coxo-femoral region; the dislocated limb suffers in its nutrition, and the whole trunk feels the distorting effect of the disease. In females parturition is rendered difficult and dangerous, from distortion of the pelvis.

The author treats very extensively, learnedly, and interestingly of the etiology of the disease, and then proceeds to discuss its symptoms. Little as it is known, we may form some idea of its frequency, from the fact that Dupuytren observed twenty-five cases, Jules Guerin over thirty, and our author four in two years, and since 1844 twenty additional ones. Then follows the diagnosis, and after that the prognosis, in the chapter on which, it appears that cures may be performed, though naturally tedious and difficult. The treatment ought to commence as soon after the discovery of the displacement, as the tractability of the patient may render practicable. Success has crowned the efforts of the surgeon in cases where the ages of the sufferers have ranged from three to twelve years, and even in one case, fifteen. Unfortunately the necessary apparatus is complicated and expensive, and the time required—say unlimited. The work is admirably printed, and the numerous illustrations are executed in a style of art, only comparable to those of Maclise's *Surgical Anatomy*, reviewed in our last.

3.—LECTURES ON DISEASES OF INFANCY AND CHILDHOOD, by CHARLES WEST, M. D., Fellow of the Royal College of Physicians; Senior Physician to the Royal Infirmary for Children; Physician-Accoucheur to the Middlesex Hospital; and Lecturer on Midwifery at Saint Bartholomew's Hospital. Philadelphia: LEA AND BLANCHARD. 1850. Large 8vo, pp. 451.

ON THE DISEASES OF INFANTS AND CHILDREN, by FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians; Ireland; Hon. Member of the Philadelphia Medical Society, &c., &c., Author of "The Theory and Practice of Midwifery," "On the Diseases of Females," &c., &c. Philadelphia: LEA & BLANCHARD. 1850. Large 8vo, pp. 636.

The two admirable works, with the above titles, deserve far more than a mere bibliographical notice; and as we have neither space nor time, to do them any thing like justice in this number, we content ourselves for the nonce, with heralding their publication.

The work of West is already tolerably familiar to the American Medical public, from its having been first reprinted in the *Medical News and Library*. In its present form, it makes a very handsome volume.

The work of Churchill, like the newest edition of Carpenter's Principles of Human Physiology, might yet have lain in embryo the Fates alone know how long, had not the discriminating firm who publish it, persuaded its author to father his own child, and be its accoucheur to boot. (Both are for sale at Whiting & Huntington's.)

4.—INTRODUCTORY ADDRESSES.

A pile of introductions has been accumulating on our table, until it has become so large that we despair of noticing all its component pamphlets; but, to make a beginning, we take from the heap that which comes uppermost, and that is—

HYGIENE, AN INTRODUCTORY LECTURE, by SAMUEL HENRY DICKSON, M. D., Professor of the Theory and Practice of Medicine in the Medical Department of New York University.

This elegantly written address is, in truth, an admirable essay on Hygiene, the philosophy of which is discussed under three heads: 1. *The physical education of the young.* 2. *Personal Hygiene*—the course of life of the individual. 3. *Public or Municipal Hygiene*, not inaptly termed by a recent writer "The political economy of health." The author justly condemns a tendency in works on the same subject to "Uncompromising exclusiveness on the one hand, the result of a habit of limited observation; or on the other, to an unphilosophically minute interference indicative of an equally narrow dogmatism." He goes on to show the amazing variety which characterizes nature—in the matter of food for example, as in most other things. The physical education of the young next receives due notice; and here we cannot refrain from quoting a passage. "We are often asked when a child should be weaned. Let nature answer the question. When the fountains of supply begin to be exhausted, and the juvenile appetite craves a larger amount than it can obtain from this best source, and the teeth show themselves, and the instinctive inclination to bite and masticate is developed, then, and not till then let the process begin. Let care be taken that all solids offered, be reduced to the proper state of minute division, until the child is taught to chew them, and never to swallow them without visible and somewhat prolonged trituration."

Passing by much that we would fain bring before our readers, we take from the portion on personal hygiene the following: "Addressing the adolescent as in a great measure the controller of his own future destiny, we should earnestly inculcate upon him the value of moderation

in all things, nay, of a reasonable self-denial. Let each one for himself consider the influence of the several modes of living; let him regard the results, let him closely investigate the tendencies, and shape his course accordingly. Teach him that physical wrong-doing, whether voluntary or involuntary, reckless or accidental, will and must be followed by a physical penalty; this may be sooner or later in coming, but it will and must come. Effect will follow cause. The avoidance of excess in every shape is essential both to happiness and virtue; all forms of riot are fatal to both. We cannot always trace the links of the chain which unites consequences with the causative agencies. Some of the modes of incorrect conduct produce immediate and cognizable results, others are more remote than the long planted seed of the early winter from the ripe grain of the succeeding summer; others still, it is not in our power to follow at all in the individual, their consequences being deducible only in masses by calculation of general health or of proportional longevity. But the nature of any agent or habit being once made out and its tendency ascertained, we are plainly directed in our course in reference to it. Mithridates, as we are told, had rendered himself, by frequent use, insusceptible to the action of all poisons known in his day. Yet none of us would envy the King of Pontus his acquired insensibility to the most potent drugs. It is not long since an East Indian was shown who could swallow a drachm of corrosive sublimate without injury; and some of the Theriakis of Turkey and China take, not only unhurt, but with delightful exhilaration, many grains of solid opium or an ounce of laudanum, or inhale clouds of the dreamy vapour of the dried poppy-juice, burnt in the pipe. Does not this tolerance of active medicaments imply—do we not habitually draw the inference in our Pathology and Therapeutics—a state of serious disease?"

After some interesting observations on acclimation, and on the limits within which such is possible, Dr. Dickson passes to the all-important subject of mental disease, and observes, "In this early stage of our country's existence we are already charged with certain national weaknesses of physical character and constitution, of which the most prominent and grave is a disproportionate liability to insanity. Statistical tables of authority before me give the following figures as approaching accuracy :

In Italy, the insane are to the whole population as.....	1 in 2500
" France " " "	1 in 1500
" England " " "	1 in 1200
" United States, the last census gave	1 in 979

It is not pretended that these statements are absolutely precise; all that concerns us is the question of their comparative accuracy. Copland

agrees with those who ascribe the larger ratio in the two countries last named to the greater intemperance prevailing, and so it may be in part, but this will not account for the facts. If we analyze the U. S. census, we find insanity far more prevalent in the most virtuous and best educated portions of our nation. It prevails in a direct ratio with the degrees of intelligence and activity which characterize the different sectional populations. In the six New England States, the ratio is of 1 insane person in 680; in six Southern States of 1 in about 1200. I will not weary you with the details on which I found my opinion, but I am satisfied that the melancholy predominance is owing to the unremitting labor, both of mind and body, but especially of the former, to which we condemn ourselves or to which we are condemned by relentless custom. Our ancestors, far wiser in their generation, in this respect at least, appointed numerous fasts and festivals, holidays, in which religion enjoined and habit sanctioned intervals of abstinence from all usual or ordinary task work. Health, both moral and physical, was thus kept at a higher standard. It cannot be questioned that (other things being equal) the duration of life would be prolonged by the interposition of such restorative periods of relaxation, amusement, recreation, repose. But the Englishman and Anglo-American resolutely deny themselves this delightful luxury of rest, nay, I should rather call it, this positive necessary of life; and consume utterly and rapidly their powers, by unrelenting constancy of action." To this we will only add the remark, that the smaller amount of insanity in England compared with America, is in our opinion, partly due to the fact that a large proportion of the inhabitants of the former country *do* take a holiday now and then, aye, and enjoy it too; moreover the mechanically methodical Englishman has certain business hours, and except during these he devotes himself no comparison more to his home, his comforts, his domestic circle, his regular exercise, music, literature, and society, than does his more restless kinsman of the West. Nor should we overlook the influence of many other important sources from each of which springs forth a rill that helps to swell the truly frightful amount of insanity, shown by the last census to be prevalent in this country. One of these is the very early age at which parental authority ceases to be exercised, or is set at defiance. Much of this again springs from that very devotion to business, which makes the father of the family, almost a stranger in his own home. Then it will be allowed on all hands, that a street education of the child, an education in gambling, profanity, and almost every species of crime in embryo, cannot be very conducive to that state of moral integrity on which *the man* can fall back amid the storms and trials of life, and knowing that happen what may,

he has done his duty, gain more force of character, more strength of mind, from these very buffings with the waves of the world, which cast another, a shattered wreck, upon the rocks of insanity. But we are writing a sermon instead of a review, so warmly do we feel on this great subject of education, beyond all question the most momentous, the most comprehensive, the most interesting, whether in a moral, an intellectual, or a merely physical point of view, which can occupy the thoughts and exercise the powers of man.

“Revenons a nos moutons!” Dr. Dickson next takes up the subject of personal cleanliness; and as we were taught when young, that “cleanliness comes next to godliness,” we appreciate all the more his strictures on a neglect of those duties, a due performance of which some nations consider a part of their religion; for although the “great unwashed” are affirmed to constitute a numerous body among Teutons, Celts, and Anglo-Saxons wherever found, it is certain that we all compare unfavorably with the older races of the East. To quote Dr. Dickson, “In the advancing settlements of our new country, much may be pardoned to the condition and circumstances of the pioneer. But surely, under any contingencies, a Christian should wash his hands as often as a Mussulman or a Hindoo. Cool springs and running streams abound almost every where in our inhabited territory, whether of forest or prairie land, and our chief cities are supplied with fountains in royal munificence.

From neglect of these matters flows naturally a culpable indifference to the neatness of the clothing, the house, the table, and all other domestic arrangement. All these points of habit are consistent, and we can thus account for the nuisance of the stained and slippery floors of the masticators of tobacco, which offend so many of our senses.”

“All these points of habit are consistent”—yes, for when was ever man consistent in *good!* in *evil!* he is very apt to be so.

See the temperance lecturer, for example, who while he chews the cud of tea-totalism, for the benefit of the besotted, himself chews the quid of tobacco, for the benefit of his nerves; indeed, but for its deadening and poisonous influence, that man who

“Compounds for sins he is inclined to,
By damning those he has no mind to,”

would be so humiliatingly conscious of the beam in his own eye, that he would scarcely dare to lecture the poor victim of strong drink about the mote in his. Two prominent “Temperance-men,” we have heard confess, that they never took a bite of “the weed,” without a twinge of conscience; one too, a minister of the gospel. This is consistency with a vengeance! Why does not somebody set up a society for temperance in

or rather total abstinence from, sexual intercourse, for example, man-to-talism? It would be nothing new to be sure, any more than temperance in strong drinks is new. The Church of Rome not only enjoins regular fasts on all its members, but makes celibacy obligatory on its clergy; of the manner in which most solemn obligations have been kept in these respects, let the history of monkish continence and priestly self-denial tell, and compare therewith the history of the back-slidings of those who "have taken the pledge."

Let it not be supposed that we are indifferent to the cause of temperance—far from it; we should consider ourselves derelict to our duty as a member of society and as a physician, did we not use our utmost exertions to further it; but we would not do so by declamation on the hustings, nor by the institution of semi-secret societies, with flaunting paraphernalia, and mystic rites, in ostentatious emulation of a certain time-honored fraternity. The want of stability of the conversions made by such means, is matter of notoriety; indeed, we not only think the means hitherto employed for the purpose of encouraging it, lamentably mistaken and insufficient; but we believe that had the same amount of honest, persevering exertion which has been devoted to the reform of the drunkard by the real friends of morality, been used in other and less ostentatious modes, an incalculably greater sum of real good would have been the result. Make religion what it is meant to be, practical—a part and parcel of every one's active life, not a thing to be donned with the "go-to-meetings" on Sabbath, and put off again at close of day, as if too fine for work-day use. In this good work the physician may be every bit as useful a laborer as the minister; by an encouraging word spoken at the proper season, for example; or by a gentle remonstrance when the heart of the sinner is softened as it so generally is, when, confined to the sick bed, he is paying "the physical penalty of physical wrong-doing." At such times and seasons too, the wounds of the bruised spirit, will heal as kindly under the genial influence of appropriate mental physic, as those of the flesh beneath the balmiest applications. The doctor becomes the saviour of the patient in more senses than one; and receives in the affection and respect with which he is regarded by the healed man and his friends, a reward second only to one other—the approving verdict of "the still small voice." Nevertheless, the *cures* of drunkenness will, we fear, remain parallels with those of collapsed cholera cases; and true as trite is the maxim, "prevention is better than cure," whether predicated of the one disease or of the other. Train up *the child* to resist and habitually to conquer his animal propensities, and *the man* will not be a slave to them. Dr. Dickson has handled this subject without gloves in the lecture before us.

We conclude by extracting some of his observations on municipal hygiene.

“The hygienic office of government is two-fold: it must regulate the external relations of the community with one strong arm, while with the other it directs minutely the internal police. I will not now enter upon the debateable questions of contagion and infection, which are hereafter to be discussed in full; it will suffice here to point out a course of precaution which will scarcely offend any reasonable philanthropist.

“1. There are certain diseases which all allow to be communicable, importable, transmissible, contagious, or infectious. It is clearly not only the right, but the duty, of every community to repel the entrance of these in all known or suspected modes of introduction. The ability to effect this most desirable purpose *may*, nay, it *must* be imperfect; yet it should be exerted to the utmost.

2. “There are other diseases of which it is doubtful whether they possess this property of transmissibility—whether they can be subjects of communication from one person or place to another. Observation or experiment will show in reference to these, that one of two things is true or probable. Their foci of prevalence being known, intercourse, therewith will present the coincidence of their appearance in other places, or it will not. The fact of such coincidence being once noted, the duty of the authorities is palpable; while the question is unsettled, they should lean to the side of general safety. Let it be left to physicians, whose proneness to differ among themselves is proverbial, and perhaps praiseworthy—let it be left to them to split hairs in the tempest of wordy clamor, drawing vague lines between infection and true contagion, between atmosphere inquinated by foreign intermixtures and poisoned by exhaled viruses, between the personal importation of sick bodies and the concentrated influence of rank fomites; but let the whole profession unite, *pendente lite*, in advising measures for the surest precaution. Let them all hold in warning remembrance the changes of opinion, which on this subject the most distinguished controversialists have acknowledged.

“3. The quarantine established should be organized in precise relevancy to the nature of the case to which it is applied. General and indirect measures of prevention are both unsatisfactory and oppressive. The restrictions imposed on commerce in this way are hard to bear, and will scarcely be submitted to at all unless so arranged as to commend themselves openly to reason and justice. In reference to *persons*, let us carefully ascertain the “latent period” of every form of contagious pestilence, and let the traveller be detained only so long as will surely pass beyond this period. The present duration which gives name to the law,

is unnecessarily tedious and injurious. If an attack of Plague or Cholera develop itself always *within eight* days after exposure to its source, it will be sufficient to sequester a passenger from a foul port twelve, fourteen, or at most sixteen days, when, if unattacked, he may be admitted; yet after personal purification rigidly enforced, for a man may carry about him, as at the celebrated Black Assizes at Oxford and elsewhere, a contagious influence that may not affect himself. As to *other* fomites, ascertain and apply all efficient means of disinfecting them, and let the foul vessel be thoroughly cleansed.

"4. Such quarantine should be established upon the most liberal principles. The unfortunate subjects of restraint—sacrifices for the time to the public safety—should be treated with all compatible kindness; if sick, most amply supplied with every solace, and all possible means of restoration; if in health, offered every hospitable entertainment that civilization and refinement can bestow. Let no niggardly economy prevail. While the poorest should be placed in comfort and ease, those to whom custom has made luxuries necessary should be permitted to procure all that they may demand."

5.—PARTURITION, AND THE PRINCIPLES AND PRACTICE OF OBSTETRICS.
By W. TYLER SMITH, M. D., London. Lecturer on Obstetrics in the Hunterian School of Medicine. Philadelphia: LEA & BLANCHARD. 1849. 12mo, pp. 396.

This work was noticed on its first appearance, but we think it on many accounts deserving of a more particular examination, and are therefore well pleased to insert the following remarks on it, handed to us by a valued correspondent. [ED. OHIO MED. JOURNAL.

The *cacœthes scribendi* is one of the prevailing epidemics of the present time, and the products of this wide spread affection in the form of books, periodicals, &c., are numerous and various. The number, however, that deserve any attention, or enjoy more than an ephemeral existence, is but very small in proportion to the extent of the disease. Works too, that contain any thing original, save hypotheses and speculations, built upon visionary bases, are becoming rare indeed.

It is true that the same facts and deductions, the same doctrines and hypotheses may pass through the minds of different intelligent men, and issue in very different apparel, and with different effect. Like journeying from place to place, we may have to traverse streams, climb hills, achieve the difficult pass, struggle with many difficulties, and yet with

patience and perseverance reach the desirable point; or another road may be presented to us, smooth and plain, along which we pursue our way with facility and pleasure, and arrive at the same point sooner, and in better condition.

The old fashioned lumbering coach pulled along by hypertrophied snails, may essay to forward our works, and through its agency, we may be successfully wheeled to our point of destination. But who does not prefer the light carriage and spirited animal, or even the locomotive's powerful aid in advancing us rapidly on our journey?

Our illustrations of the different styles of the authors, who place their productions before us, may not be very fortunate, indeed may be totally inapplicable; still, to our mind, they appear as reasonable and as proper, as the great majority of illustrations we meet with. It is true there is no royal road to science; but, certainly, there is no necessity for encumbering the roads that lead there, with the rubbish that now obstructs them, or putting up sign posts with undecipherable characters upon them, or which at least occupy so much time in interpreting; and when interpreted, may as likely lead astray as otherwise. If every one who writes a book—" 'Tis pleasant sure to see one's name in print, a book's a book although there's nothing in 't"—would only write *what he knows*, and not for the sake of appearing very wise, envelope his bantling in a fog so deep, or attempt to go behind ultimate facts, the handle, the loss of that readers would be incalculable. They would not have as it were to ford rivers, leap ditches, jump fences, and encounter other unnecessary difficulties, but comfortably, pleasantly, and profitably pass along to the finish, and close the book, refreshed and invigorated. To economise time is especially important to the student; he cannot afford to mount the ladder of the transcendentalist, or search after that, a knowledge of which is denied us by the Creator. Time is too short for speculation; facts are the "pearls of great price," which it should be our aim to obtain.

The visionary hypotheses and absurd doctrines that, for centuries, have encumbered the path of medical science, would never have had an existence, had facts not been lost sight of, or had they been obtained. The medical student of the present day, possesses advantages which, if they had been enjoyed by the ancient investigators, would have saved our medical literature from the obloquy cast upon it, by those who with all their opportunities for investigation, are not as wise in their generation. Even among those who cry aloud for medical reform, may be found a large proportion who, without facts for their foundation, are attempting to build a superstructure with hypotheses, as a fit temple for Esculapius.

Observation and experiment are the material, the granite, with which to build both the foundation and superstructure, laid block upon block in proper form, and cemented together by *obvious* and *natural deductions*. A theory built up in this way will stand the test of criticism.

Having made these preliminary remarks, we are prepared to investigate the claims of Dr. Tyler Smith to a discovery, to which he attaches the greatest importance. On the present occasion we have nothing to say of the originality of his production, but will direct our attention exclusively to his peculiar views of the physiology of parturition. Our author claims the discovery of *the cause of parturition*; his investigations have led him to believe that *ovarian excitement* is that cause. "I believe," he remarks, "that at the time of parturition is mammalia, the uterus and the uterine nervous system are excited by the ovaria; that it is the ovarian excitement which induces both the permanent contraction of the uterus immediately before the coming on of labour, and the tendency to those reflex, emotional, and peristaltic actions, by which parturition is completed. In menstruation, a small synergic and reflex arc is described between the ovaria and the fallopian tubes: in parturition, a larger arc is in operation, extending from the ovaria to the uterus. According to my researches, the excitement of the uterine nervous system at parturition, upon the presence of which the due performance of this function depends, is caused by ovarian excitement. At the time of ordinary menstruation, the ovarian irritation which excites the contraction and rigidity of the fallopian tubes is manifest.

Throughout utero-gestation, the ovarian excitement returns in a slight degree at each periodic date; but at the eleventh period after conception (reckoning the last catamenial period inclusively,) the ovarian excitement returns in full force, and as a consequence, the uterine excitability and the uterine actions of labour begin." pp. 122.

Dr. Tyler Smith is undoubtedly a man of learning, of diligent research, and is a most agreeable writer. It is a pleasure to read his book, and no one can arise from its perusal without profit. But on this particular subject, we cannot resist the belief that his great anxiety and effort to become a discoverer, and his steady gaze upon ovarian excitement as *the* cause of parturition, has so contracted his vision as to make him blind to any other cause. Most sincerely do we wish he could establish his point to our satisfaction; that he is satisfied himself no one will doubt. He speaks with as much confidence of the synergic and reflex arc extending from the ovaria to the uterus, as if it had been demonstrated. He alludes to the contraction and rigidity of the fallopian tubes at the time of menstruation, when the ovaries are in a state of irritation, and grasped

by the fimbriated extremities, necessary to the performance of the combined function assigned to them, the evolution and transmission of the ovule to the uterus, as analagous to parturition, and both dependent upon one and the same cause. And the only difference in the action of this cause consisting in the operation of a larger arc in parturition than in menstruation. But this is all ideal; at least we have no proof of the nervous arrangement he describes. However, he does not even stop here; he cannot. So far has he penetrated the darkness which has always hung over this subject, that he must continue until he discovers that parturition is a menstrual period. That the ovaria are slightly excited every month throughout utero-gestation, but the excitement only returns in full force at the eleventh period, and as a consequence the uterine excitability and the uterine actions of labour begin.

Let us grant for a moment that ovarian excitement slightly returns every month during utero-gestation, until the eleventh period, when it manifests itself with so much force as to touch the spring of parturition, and put its machinery in operation. Are we any wiser in this belief? Is it not very natural to inquire, why this particular menstrual period is so much more developed, in a majority of instances, than any of the preceding. That at the end of gestation the ovaria are in a state of excitement, there is no reason to doubt, but it is only in common with every part of the reproductive apparatus, and we know very well as parturition advances, the excitement not only increases but is diffused over every part of the system. Neither observation nor experiment prove that the function of the uterus, concerned in parturition, is in any way, manner, or shape, dependent upon ovarian excitement. That a tendency to abortion at periods corresponding to those of menstruation has been observed, may be true, but that ovarian excitement is the cause "par excellence," yet remains to be established.

Where is the proof that the contractions of the uterus upon a fœtus at full term, depend upon ovarian excitement? What experiments have we on record which develope even a shadow of proof? Certain it is our author has neglected to array any; probably so fully convinced from observation, that he has not considered it worth while to take that trouble.

As this question can only be decided by experiment, and as facts ascertained by this method form no part of his theory, upon what foundation does his theory stand? "The facts, often observed, that natural gestation is *always a multiple* of the catamenial period, and that abortions generally occur at what would, in the unimpregnated states, have been catamenial periods, led me to inquire whether the exciting cause of

labour might not be detected in the ovaria. I gradually accumulate facts and observations to a sufficient extent, to make me believe I had now obtained the clue to the discovery of the true cause of labour, and I determined to prosecute the subject, by examining the relation of ovarian excitement to the parturient processes in the different classes of animals. Very early in the present inquiry, I saw that the cause of labor in the human female must also be the cause of all the parturient phenomena of the animal kingdom, and this set me to observe, and deduce from the parturient actions of the lower animals, in order to explain those of the human subject." pp. 119-20.

By the above we perceive our author aims to sustain his peculiar tenets by analogy. "There are many animals," he remarks, "I might choose as a base from which to extend this research upward, but I will select the frog, a creature which has been quaintly termed 'Nature's gift to the physiologist.'" From the fact that during certain months, when the testes and ovaria of the frog are developing, the muscular system of the anterior extremities is modified in order that sexual congress may be more convenient and tolerable, producing in the male a tetanoid rigidity of the flexors, in the female a like condition of the extensors, so that a long continued embrace will be allowed the former, and corresponding power to sustain the additional weight imposed upon the latter, 'during the prolonged descent of the ova through the oviduct, and the process of oviposition, which, taken together lasts several weeks,' our author infers that parturition depends upon the same cause, and fortifies his views by a display of like processes in the bird, fish, and even the silk worm. He believes that a striking analogy exists between this class of animals and the human being in reference to ovi-expulsion. Where the analogy is I am at a loss to discover.

This oviposition bears some analogy to the same process in the mammalia; but parturition is a very different thing. It is true that in both cases excitement and muscular action are necessary to the performance of the function; but it is certainly not so plain that ovarian excitement is the cause of parturition.

"I now proceed to the mammalia, and we shall find the same phenomena grouped together with an unmistakeable meaning. In many of the lower mammalia we may witness the process of oviposition or æstruation, parturition, congress and conception, all going on as nearly as possible at the same time. In the guinea pig, for instance, immediately that the young are dropped, the female admits the male, conception takes place, and a new utero-gestation commences, dating from the very hour of parturition. The same phenomena are present in all the mammalia

in a greater or less degree. In those animals of which we know the order of the æstrual periods, as the rabbit, the horse, and cow, the duration of pregnancy is a multiple of an æstrual period. Doubtless this law is as extensive as periodic æstruation itself. Not only is gestation a multiple of the æstrual period, but the time of parturition is positively an æstrual period. The maturation of ova, which has ceased during uterogestation is resumed, and the sexual instinct is predominant, just as though the uterus did not contain the product of a former ovulation and conception." pp. 126.

What is there in all this to prove that ovarian excitement is the cause of labour! A guinea pig brings forth, immediately admits the male, instantly conceives, and while she bestows her maternal cares upon the "outsiders," the "insiders" are developing for an introduction to the same kind offices. There is undoubtedly a great deal of ovarian excitement here developed, but there is no development of ovarian excitement acting as *the cause of parturition*. Our author in the paragraph we have quoted remarks that "the same phenomena are present in all the mammalia to a greater or less degree." How does he know that? This is a mere assertion.

But we must hasten on. "Lastly let us consider Human parturition with reference to these ideas"! With reference to what ideas? That the frog has its muscular system or a part of it modified to meet a seasonal change in its reproductive apparatus; an animal without a uterus; whose nidus is the border of a lake, stream or ditch! Here we have oviposition, not parturition, analagous, if you please, to oviposition in the human subject, the descent of the ovule from the ovaria, through the fallopian tubes to the uterus, but in no way analagous to the birth of the mature fœtus.

Independent of the mammalia there can be no analogy. To attempt to illustrate or prove such a proposition, by descending lower in the scale is preposterous. As well as ovaria there must be uterus, when in the ovula impregnated, the fœtus is developed to such an extent as will call into play the parturient efforts of the womb.

I have said that an analogy exists between the human female and the females of the different species of the mammalia, as regards their organs, and the functions of these organs; yet as far as the reproductive system is concerned, woman has peculiarities which serve to distinguish her from all the rest. There is no other who, as a general rule, menstruates every lunar month, and while we obtain all the light we can from observation and experiment practiced upon the lower order, we must be careful not to lose sight of the fact that she is *sui generis*, and must be studied

most particularly in reference to her peculiarities. Oestruation and menstruation are assumed to be identical. As far as the character of the fluid and of the cause of its discharge are considered, the doctrine may be true. But the cow, so far as we know, æstruates but once a year; according to our author gestation in woman is a multiple of the menstrual period; but how will this apply to the cow, or horse or rabbit? The period of gestation with the cow is about that of woman, and certainly not a multiple of the æstrual period.

In reference to the phenomena of human parturition, there are two circumstances upon which he deems to rest his case. Let us then devote a few moments to their consideration.

In the first place then, he agrees with all authors as to the period of gestation, viz: 280 days; in the second he asserts that labour cannot naturally come on except at a menstrual period, in other words parturition is a catamenial period; in the third, he adduces extra uterine foetation, as evidence that something extra uterine is the cause of parturition and contends that that cause must be sought in the ovaria. With regard to the duration of gestation being a multiple of the catamenial period, in some instances the catamenia regularly appear every three weeks, every 21 days; hence the period of gestation according to this rule, should be 210 days, in such cases; and so in other cases in which there is a deviation from the general rule. This has reference of course to normal menstruation only. "And," says our author, "it has also been observed that in rare cases, if parturition is deferred past the tenth period it does not come on till the eleventh inclusive." That parturition has been deferred to 308 days or more, is undoubtedly a fact, but that as a general thing it is not the fact we have ample evidence.

Extra-uterine foetation points to a cause extra-uterine." Grant that it does, does it point to ovarian excitement as the cause?

Without entering upon the question of the cause of labour, whether foetation is extra or intra uterine, and considering that so far all that has been said upon this subject is speculative, hypothetical, the question recurs to us, has Dr. Smith proven ovarian excitement to be the cause of labour? Our answer is emphatically, he has not; and moreover we believe that all the inquiry and investigation we may make on this subject short of experiment, will be resultless in truth. It is probably one of those things into which we cannot penetrate; the phenomena only are open to our investigation.

J. F. W.

6.—RANKING'S HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES. No.

10. July to December, 1849, and

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY.

Part the Twentieth, same date, have been placed upon our table.

Both works are so well known and appreciated by the profession, that no further encomium is called for, beyond the announcement of their publication. To those who are not aware of the distinct character of the two works, we will say, that the latter is a mere compilation or catalogue raisonnee, "containing a retrospective view of every discovery and practical improvement in the medical sciences," while the latter not only contains "a practical and analytical digest of the contents of the principal British and Continental Medical works published in the preceding six months," but also "a series of critical reports on the progress of medicine and the collateral sciences during the same period."

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, MAY 1, 1850.

SUPPRESSION OF QUACKERY.—Experience has abundantly proved, that in many of our States, Legislative enactments have egregiously failed to prevent the luxuriant growth of quackery; but in none has quackery arrived at so superlatively bad an eminence as in Ohio, where not less than three schools are chartered for the legitimate teaching of the grossest charlatanism. The medical mountebanks who preside over these institutions for the diffusion of useful falsehood, have again made a desperate effort to obtain the control of a moiety of the Commercial Hospital of Cincinnati, and bushels of petitions in favor of their proposition, were presented to the Legislature, during the late session. Indeed the *printed circulars*, which were assiduously circulated throughout the State, pointed out the influence which the *number of petitions*, as well as the number of signers, would have upon members; and we know, from personal experience, that these petitions did produce a certain amount of effect at

first, which was, however, soon dissipated, on enquiry being instituted into the social position of the majority of petitioners. The Bill which had passed the Senate by a vote of *twenty-one to ten*, was by the House of Representatives indefinitely postponed by a vote of *twenty-four to fourteen*.

We are not quite sure that the physicians of Ohio are politic, or even do their duty in generally treating the quacks with contemptuous silence, or remaining inactive while the latter are ever on the alert; in retreating behind the shield of their good cause, instead of now and then putting forth their strength. We once possessed a noble hound, (peace to his ashes!) who, when plagued beyond endurance by little curs yelping at his heels, would quietly take hold of one of them, couch down, lay one huge paw on the back of the wriggling prisoner, and after regarding for a time his fruitless struggles to get free, with a serio-comic expression, would leave the crest-fallen mongrel to shake his ears and profit by his lesson. We think that no harm would come of it, but much good, if physicians now and then shook off their apathy, and put forth their strength. 'Tis true the best part of the profession is composed of modest, retiring men, whose daily labor is "to do good in secret, and blush to find it fame;" who dislike being placed in any prominent position, and are apt to think better of mankind than is, perhaps, good for themselves or the profession at large; these will bear an almost unlimited amount of aggression on the part of quacks, before they can be impelled to any active resistance. Still as it requires no comparison more courage to bear passively, than to act, so these very meek and humble men once roused, are very lions in the fight.

Now suppose on such an occasion as the above mentioned, renewed efforts of the Botanics and Homœopathists—"arcades ambe"—to get possession of the wards of the Cincinnati Commercial Hospital, the petitions upon the effect of which they relied with such confidence, had been met by counter-petitions: is it not evident that with a minimum of exertion, the physicians of Ohio might have inundated the legislative halls, with rolls on which should be inscribed the names of that vast majority of our fellow citizens, whose common sense is insulted by the arrogant demands of ignorant pretenders, who basely attempt to rob of their hard earned advantages, and obtrude themselves as equals on the members of that profession which has in all time stood pre-eminent for liberality of feeling, honesty of purpose, unostentatious benevolence, the most varied acquirements, and the most practical minds.

We think that a little more publicity, a slight advance from out the shade of retirement in which the profession has hitherto stood, would be

to its advantage. What is it but publicity which so thoroughly sifts the grain from the chaff, in the case of the other two learned professions? We do not propose that physicians should enter the arena of public discussion for example, for where find an audience capable of passing a just verdict on matters of which they necessarily understand so little; while every man of education ought to be in a condition to criticise the speech of the advocate, or the sermon of the minister. Nor do we consider politics as the atmosphere in which a good physician can best thrive; we confess to a prejudice against this serving two masters, which we think is becoming far too common among us. To be a good practitioner requires constant application to the active duties of the profession; a man cannot quit practice again and again, for many months at a time, and have his mind entirely and laboriously occupied with other subjects and other modes of thought, than those appertaining to the healing art, without serious detriment to his value as a physician. Playing the political game of chess, is generally a very absorbing pursuit, and can in no way be looked upon as an appropriate relaxation. The late hours, the irregularities of all kinds, and the low standard of morality common in political capitals, initiation into the mysteries of pipe-laying and log-rolling, of caucus and tin-pan, are not circumstances calculated to improve the powers of diagnosis, the practical tact in treatment, the purity of character, which should distinguish the votary of medical science; not to mention the damage which his health, and thereby his usefulness must suffer. We have nothing to say against the *retired physician* turning his attention to politics; on the contrary, such is our estimate of our professional brethren, that we unhesitatingly affirm our belief, that in no walk of life can so large a majority be found who are all that *the man* ought to be, and hence so eminently deserving the confidence of their fellow citizens as fit candidates for the responsible calling of legislator. But while courting the favors of a new divinity, may they not forget the shrine at which they breathed forth prior vows of usefulness and devotion, and ever apply the whole force of their influence, their exertions, and of that which often outweighs the whole—their character—in furtherance of the best interests of medicine, identical with the best interests of humanity. To these—and there are many such in this State—as well as to the profession at large, we submit the following scheme, throwing out the idea in a crude and ill-digested manner, that others who have more local experience, and more time to cogitate than we have, may so mature the plan that some action may speedily—say, at the next meeting of the State Medical Society—be taken in the case.

“Luther knew what he was about when he threw his ink-stand at Satan’s head, for there is nothing the devil hates like ink.” Perfectly true;

exposure, publicity, a stripping off of the cloak of mystery, revealing the naked monster beneath, these are to our mind the only means left us of attacking quackery. The proposal to compel the composition of every quack medicine and patented nostrum, to be legibly printed in English, (and German, say we,) on the outside of the wrappers, is before the profession, and we believe would prove of very considerable service. Although we are perfectly aware that false recipes will very frequently be set forth, detection will be easy, and the offence should be punished *at least as severely* as neglecting to stamp the name of the patentee on a patented article is now punished. The profession should also lose no opportunity of exposing falsifications; a thing easily effected by making the article according to the published recipe. The next step is to separate the legitimate drug and dispensing business from the traffic in quack medicines, by physicians only patronizing such establishments as do not favor their sale; this has already become an established practice, particularly in our larger cities, and should become the rule.

It strikes us that some such arrangement, in the matter of doctors as well as drugs, which should enable the public to distinguish the genuine article from the spurious, would prove practicable and useful. We are so wise in our generation, that we will not allow the legislator to have any care for our health when we are sick, but we do allow him to care for us when we are well, by preventing the selling of stinking fish or tainted meat, as if any man should not have the right to buy or to sell such if they pleased, (the thing might be a matter of taste, for example: it is well known that the Roman ladies carried about their persons, morsels of putrid fish in caskets of price, as the most delicate perfume they could procure,) just as much as he should have the right to buy or to sell all imaginable villainous compounds, so they be labelled "Sarsaparilla," or "Liverwort and Tar," "Expectorant" or what not—or should be allowed to risk his precious life by submitting to the treatment of some ignorant knave, or himself being an ignorant knave, should be allowed to tamper with that mysterious organism so truly styled "the noblest work of God." The *reason* of the thing is the same in all these cases; only there is no comparison less justification of legislative interference with the rights and liberties of the citizen in the former case than in the latter, as it is no comparison more easy to distinguish bad food from good, than it is to distinguish the true physician from the false. But since "things are so," let us see if there be no method of hastening on that change for the better, which *will* take place sooner or later; although not in our time, unless we put our shoulders to the wheel, instead of invoking Hercules. And we propose that the first step we take, shall be

to inform the public, *whom we consider regular physicians*, to keep lists of them, as standing advertisements in respectable papers, to be revised at stated intervals by committees, appointed by the State Medical Society, or their appropriate authority. Their titles of M. D., &c., should be set forth, the fact of their being members of the State Medical Society, or of local Societies, and of their filling certain offices, as Physicians to public institutions, and so forth, should appear on the record. This plan works excellently in some countries, of which we have personal knowledge, and we see no reason why it should not prove eminently useful in Ohio; indeed all non-professional persons with whom we have conversed on the subject, have thought highly of it, and have remarked on the excessive difficulty which they have experienced in arriving at a knowledge of the real qualifications of the majority of those who call themselves "doctors."

Besides the publication of the names of the regular physicians in newspapers printed in their respective localities, we would have a general list for the whole State, published annually in a convenient form, say as a "Medical Almanac." Men are frequently introduced, or introduce themselves to us, as Dr. So-and-so, of whom we never heard in our lives, and consequently can know nothing; on enquiring we find some to be good men and true, but some to be men with whom we should decline exchanging even the common courtesies of life—miserable impostors; now with such a printed list to refer to, one would be spared many such awkward and disagreeable rencontres. A useful form would be that of a sheet which might be placarded on the office wall, for the information of others as well as ourselves; the country people in particular we think would benefit by this; as they would be very apt to beguile the time while waiting for the doctor, by studying the placard. Publicity being the object sought, no means should be neglected which may aid in its accomplishment. We hope that this scheme will be taken up, and discussed by the profession, or something better proposed; it may seem to some a measure of too little importance to be worth the trouble of carrying into effect; to such we would respectfully say, "experience of the value of similar plans has taught us to predict the usefulness of this; but we do not expect unreasonable things of it."

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—Professors Francis Carter, and S. Hanbury Smith have been elected by the Faculty of Starling Medical College, delegates to the American Medical Association, which meets at Cincinnati, on the first Tuesday in May.

STARLING MEDICAL COLLEGE.—By the Catalogue of this Institution, it will be seen that there were one hundred and fifty-one students in attendance during the last session. At the commencement the degree of M. D. was conferred on the following gentlemen, fifty-four in number:

Alonzo Garwood,	W. M. Drake,
S. L. Ramage,	C. C. Parker,
Jno. W. Porter,	Wm. Arnold,
J. N. Beech,	Henry Gregg,
B. C. Lundy,	David Welsh,
Lyman Potter,	Josiah Lefever,
A. C. Moore,	Jno. Ingram,
Jno. L. Parmelee,	Wm. Duval, Jr.,
S. C. Mendenhall,	C. L. Ford,
Leonard Holland,	J. H. Chapman,
Wm. Estep,	L. H. Weatherby,
C. E. Denig,	H. C. Coffman,
J. S. Pollok,	E. D. Case,
Joseph Thoburn,	Peter O'Carr, jr.,
Jno. G. Poage,	Jno. McBell,
W. P. Kernahan,	L. R. Johnson,
H. C. Skirvin,	D. F. Baird,
J. M. Evans,	Cyrus Ellwood,
Jas. A. Hall,	H. C. Howard,
J. H. Powers,	A. Koogler,
Adamson B. Newkirk,	J. L. Hamilton,
G. Geddes Hackedorn,	S. S. Reynolds,
Elihu Thorn,	D. French,
Henry Conkling,	E. P. Andrews,
Jno. S. Liggett,	W. A. Strain,
W. H. Pearson,	W. L. Aumock,
H. G. Jones.	John Davis.

The Honorary degree of Doctor of Medicine was at the same time conferred on the following Physicians :

- Dr. Nathan Johnson, Cambridge, Ind.,
- “ W. W. Rickey, Toledo, Ohio;
- “ Robert Cunningham, Swickly, Pa.;
- “ Orlando J. Phelps, Piketon, Ohio;
- “ Thomas Montgomery, Springfield, Ky.;
- “ Daniel Marble, Newark, Ohio.

MEDICAL COLLEGE OF OHIO: NEW ARRANGEMENT.—Dr. Landon C. Rives, of Cincinnati, has been appointed to the chair of *Materia Medica*, vacated by the death of Prof. Harrison.

We have it on the best authority, that the following new regulation has been adopted by the College: graduates of other recognized institutions, wishing to attend lectures, if the aggregate of the fees in such institutions does not make an average of ten dollars per ticket, will be required to pay the difference between such aggregate and the sum total of all the tickets in the Ohio College.

The principal Medical Institutions, whose graduates will be required to pay sums varying from forty to sixty-five dollars, for the privilege of hearing the professors of the Medical College of Ohio, are the following:

Dartmouth College, Hanover. N. H.,
Bowdoin College, Brunswick, Maine,
Vermont Medical College,
Berkshire Medical Institution, Pittsfield, Mass.;
Castleton Medical College;
Medical College of Geneva;
Medical College of Buffalo;
Rush Medical College, Chicago, Ill.;
Medical College at Cleveland, Ohio;
Starling Medical College, Columbus, Ohio.

OHIO MEDICAL CONVENTION.—We hope our readers will bear in mind, and make known as extensively as possible, the fact, that the Ohio Medical Convention meets at Columbus on the first Tuesday (4th) in June next.

The State Medical Society holds its third meeting under the charter, at the same time and place.

PROFESSOR LAWSON'S VISIT TO EUROPE.—The following announcement appears in the April number of the *Western Lancet*:

“The editor of the *Lancet* having made arrangements for a professional visit to Europe, which will extend to ensuing Autumn, begs to offer a word of explanation. The present visit is undertaken strictly for *professional* purposes, which will be announced to the profession at some future period.”

During Professor Lawson's absence, Dr. G. Mendenhall superintends the editorial department of the *Lancet*; it could not be in better hands.

ST. LOUIS MEDICAL AND SURGICAL JOURNAL.—We observe by the notices in some of our exchanges that this journal, which has been suspended since the great fire which last spring destroyed its publication office, is again issued. We have not yet had the pleasure to see that, the *Charleston*, or the *Western Journal* on our table, although the *Ohio Journal* has been regularly mailed to them.

IMPORTANT ERROR.—We see that by an error of the press, in the notice published in the *Western Lancet*, by the Standing Committee of Arrangements, and signed Daniel Drake, M. D., *Thursday* is printed, instead of *Tuesday*, the 7th of May, as the day of meeting of the American Medical Association; and this error has been copied in every case that we know of, where the notice has been reproduced. It is to be hoped that a reference to the almanac, or to the transactions of the Society, will enable every one, designing to be present at the meeting, to correct the error for himself. *Tuesday*, the 7th of May, is the first day of session.

The second volume of the *Transactions of the American Medical Association*, has reached us too late for notice in this number.

TREATMENT OF NERVOUS COUGH.—At the close of catarrhal affections, and especially of the variety called by the French, *la grippe*—influenza—there is often a dry and purely nervous cough, excited by a tickling sensation in the larynx or throat. This cough in some instances, ceases for a time, but soon returns with increased intensity. In such cases, Loeffler advises a gargle, of which the following is the formula, which we have recomposed and translated into language used by American apothecaries :

R. Distilled Water	seven ounces;
Hydro-chlorate of Ammonia ..	two drachms;
Spirit of Mindererus	three and a half drachms;
Wine of Opium	one and a half drachms;
Syrup of Poppies	half an ounce.

The efficacy of this gargle was exhibited in the case of a young man, who, at the close of an intense bronchitis, was troubled with a dry, fatiguing cough, which resisted both narcotics and derivatives. The above gargle, in two days, removed this cough, which had continued unabated for three weeks.

TREATMENT OF PERSONS ASPHYXIATED BY CHLOROFORM.—The ordinary means of resuscitation have so signally failed in most cases of poisoning by the inhalation of chloroform, that we think it a duty to spread as widely as possible, a knowledge of any new means proposed, which offer a better chance of success. In addition to electricity as mentioned in our last, insufflation of the lungs has twice been successfully employed by M. Ricord, in cases which it may safely be predicated would have ended in death, in a very few moments. M. R. applies his mouth to that of the patient, and closing the nostrils, insufflates the lungs. In such case, after a few insufflations, the patient sighed, the chest began to dilate, the visage resumed its natural hue, &c., and consciousness was restored.

M. Escallier has proved equally successful in two similar cases by using the following simple means. He thrusts two of his fingers deep into the throat, even to the openings of the larynx and œsophagus, allowing them to remain there until a movement of expiration takes place, when vitality is rapidly restored.

BELLADONNA IN INCONTINENCE OF URINE.—M. Carwin recommends the use of the powder and extract of Belladonna in incontinence of urine, and especially in that form which proves so troublesome in children. Administered in small doses, two or three times a day for a few weeks, he found it often entirely successful.—*Gazette Medicale and Southern Journal*.

QUININE IN CROUP.—In a case which had gone so far that false membrane was brought away by the emetics, and death from suffocation was imminent, Dr. Williams began the use of sulphate of quinine, two grains in an enema every two hours. The child rapidly improved, and in three days all the symptoms had disappeared with the exception of some hoarseness and cough. The Dr. tried the same remedy in other cases, with like success, administered both by mouth and by injection. In one

case, when after leeching, &c., he prescribed it on the first day of attack, the dyspnœa, hoarse cough, and anxiety rapidly diminished, and a cure was soon effected.

PROMPT CURE OF TYPHOID FEVER.—M. Warner read on the 1st October last, before the French Academy of Sciences, a communication upon the radical cure of typhoid fever at its outset, in 24 hours, or a few days at most; the only remedy being the internal administration of ice every minute without interruption. (?!!!)

SUGAR IN HICCUP.—Dr. Schuermans, of Brussels, has found in sugar a prompt remedy for the most intense and persistent hiccup; not merely for that form which occurs in a state of health, but for those symptomatic cases of this affection, which manifest themselves in certain grave nervous affections. Dr. Schuermans declares that he has uniformly succeeded in removing by the administration of one or two bits of sugar, the hiccup which is often so distressing to patients laboring under cholera.

[Of a surety there is nothing new under the sun; in our last number we mentioned the re-discovery of diluted sulphuric acid as a remedy for hiccup, and above we find the remedy which our grand-mothers administered with confidence, announced as a new discovery. The inference we draw from the fact is, that ignorance of what our forefathers knew and did, causes in our day the loss of more time, and the waste of more labor, than would suffice to re-investigate, verify, and determine the precise value and therapeutic properties of every article in the *Materia Medica*.]

AMAUROSIS A SYMPTOM OF ALBUMINURIA.—In a memoir presented to the French Academy of Sciences, M. Landouzy makes the following deductions; 1st, amaurosis is almost an invariable symptom of albuminous nephritis; 2nd, it precedes the other symptoms; 3d, it disappears and returns with the albuminous deposits in the urine; 4th, it would seem to indicate the nervous system as the primary seat of disease in albuminous nephritis.

WINE OF COLCHICUM IN GONORRHŒA.—Further experience goes to establish the value of this remedy combined with tincture of opium, in

gonorrhœa after the inflammatory stage has passed. The mean duration of the cure is about seven days, and the disease seems to yield as readily in females as in males.

LITHONTRIPIC DROPS OF PALMIERI.—This medicine much celebrated in Italy as a remedy in calcareous affections of the kidneys, has in fact appeared efficacious in some cases. It is prepared by boiling one ounce of flowers of sulphur in one pound of tar-water, until the liquor has acquired a ruby-red color, when it is decanted and put aside for use. The dose of this as a remedy is from 15 to 20 drops; as a preventive 10 drops.

[We have gleaned the substance of the last eight notices from that admirable journal, "The Southern."]

NEURALGIA AND RHEUMATISM TREATED BY COLD DASHES AFTER SWEATING.—At Bellevue, near Paris, there is a fine establishment, in which every thing of practical value connected with "the water cure"—be it hot or cold—is applied to the treatment of various obstinate affections. The advantages obtained from a rational employment of several agents, as distinguished from the empirical use of one alone, are very great. They are pointed out in an excellent Memoir which Mr. Fleury presented at the last meeting of the Academy of Sciences. The author selected forty-six cases, observed at the establishment during the last four years, and from their results deduced the following conclusions:

Five patients, laboring under attacks of acute neuralgia from four to fifteen days, (facial, intercostal, sciatic,) were cured by one to three applications of the cold douche, both general and local, employed after the use of the dry stove, which had produced copious transpiration. Here the revulsive action of heat followed by cold was much more energetic than that of flying blisters, or the cautery.

Eleven patients, attacked by acute muscular rheumatism, fixed in its seat and very severe, were rapidly cured in the same manner.

In *four* cases of obstinate neuralgia, which had resisted every known method of treatment for four to ten years, a cure was obtained by cold douches (general and local,) sometimes preceded by the use of the hot air bath. The duration of the treatment varied from one to six months, and its average was three months. *Three* patients, who for five to fifteen years had presented, in the most marked degree that *ensemble* of symptoms known under the title of "nervous accidents," and who had

been reduced by them to the lowest state, in spite of medical art, were cured in the same manner. Here, however, the treatment was continued from seven to eighteen months, and the average duration was more than a year.

Finally, in twenty three cases of chronic muscular rheumatism, which had resisted every species of treatment, and the most celebrated mineral waters of Europe, the cold douches after sweating effected complete cures. The average time of treatment was four months; the minimum one month; the maximum seven.

Here it must be confessed, we have a rational method of treatment, applied according to the rules of art, and as successful as the miracles of Hydropathy.—*London Medical Times & Medical Examiner.*

[We used to perform such miracles fifteen years ago; indeed we never yet found any mode of treatment that approached in efficacy the cold douche after sweating, in the treatment of obstinate gonorrheal rheumatism. If the subject were much debilitated we used to order a strong salt bath, as hot as could conveniently be borne, the patient being briskly rubbed with a brush all over while in the bath, for the space of ten minutes, he then stepped into an empty bath tub along-side, and received a powerful douche allowing the stream of cold water to play especially on the affected parts, which, when possible, he also well rubbed with his hands. He was then rapidly dried, and went to bed, (where he generally slept soundly,) for a couple of hours, and got up feeling like a new man. As the patient grew stronger the steam sweating bath was substituted for the salt water one.

In mercurial disease, especially that form of it known as guilder's palsy, tremor mercurialis, regular hydro-pathic treatment is the only treatment which we practice. It was first tried in the Civil Hospital, at Stockholm, by Professor Huss, and the first subject was a patient of ours, a thermometer maker by trade, whose father had died of mercurial disease brought on by following the same trade. The son had periodic attacks of the most frightful chorea-like character we ever witnessed, and which slowly subsided under—we will not say in consequence of—the use of the old fashioned remedies, sulphur—which we believe only acts by correcting the tendency to constipation—nitrate of silver—chalybeates, &c.—leaving him miserably weak and debilitated. After a three weeks course of water-treatment, by Professor Huss for a similar attack, he left the hospital in better health than he had been for years; and each succeeding attack was treated in a similar manner with like success. There are in Sweden four extensive water-cure establishments, superintended by experienced physicians, distinguished indeed

for their learning and skill. In these the hydro-pathic treatment is employed with the greatest discrimination, sometimes in combination with the internal use of appropriate drugs, sometimes alternately with a course of the latter, and as might be supposed with a success not to be approached by the exclusive hydropathic empiric.

Truly there is nothing new under the sun. We have before us the fourth edition of a translation into Swedish of a work on the good effects of water in the prevention and cure of various diseases, as proved in the writings of the most celebrated physicians, and by the experience of forty years, published in England by John Smith, 1724. But what of that? Did not the Roman Celsus, some 1700 years ago, recommend the hydropathic treatment of Epilepsy, and did not his country-man, Cœlius Aurelianus, practice it with success in that same disease? Were not the temples of Esculapius—like true water-cure establishments, as many of them were—founded in the immediate neighborhood of springs, in the most elevated and healthful regions? And did not father Hippocrates, who took medicine out of the hands of the priests of the temple, and died a trifle of twenty-two hundred and odd years since, pin his faith on water and diet, as sovereign remedies in the cure of disease? Oh! hydropathists of the nineteenth century, hide your diminished heads, and render back unto “old Physic” the feathers ye have borrowed of him!—Ed. O. J.]

DRY CUPPING IN HICCUP.—Mr. Hunter states that he has found this lately a successful means of checking hiccup. A soldier was attacked with vomiting and purging. After these symptoms had subsided, he was teased with the most distressing hiccup, which he said kept him awake half the previous night. There was slight epigastric uneasiness on pressure. Dry cupping over the region of the epigastrium, leaving the glass on half an hour, stopped it almost instantly. It recurred again after taking some beef-tea, but was readily checked by a re-application of the glass. It also relieved the epigastric uneasiness.—*Prov. Med. and Surg. Journal*, Sept. 19, 1849.

RESPECT PAID TO TALENT.—The minister of public instruction has directed the bust of Bourguery, the author of the magnificent work on Anatomy and Surgery, and who fell a victim to cholera, to be placed in the “Musée Dupuytren.”—*Medical News*.

ODDS AND ENDS.—Mental as well as physical characteristics are no doubt often hereditary. Instructors of youth observe a marked difference between the mental endowments of the children of the cultivated, and of those who are not.—Prof. Davis has prepared a complete history of the Medical Profession in the United States, from the first settlement of the colonies down to the present time; sixteen pages of this history will be printed in each number of the North-Western Journal, until the whole is published.—The degree of Doctor of Medicine was conferred upon forty-four gentlemen at the recent commencement of Rush Medical College, Chicago.—The two medical schools at St. Louis had one hundred and ten students each during the past session.—The fœtus in utero is liable to at least eighty-two different diseases, examples of each of which are on record.—It is announced by the Boston Medical and Surgical Journal, that Drs. Forbes and Marshall Hall are about to visit this country.—A person who had placed himself under the treatment of a quack in the North of England, died from the effects of lobelia, which the “doctor” administered, and at the inquest a verdict of manslaughter was returned by the jury.—Ptyalism was lately produced in two women patients in the London Small-pox Hospital, by the application of about a drachm of the strong mercurial ointment to an abrasion of the surface. [Just what we should expect at this present.—ED. O. J.] A case has lately been recorded by Dr. Laforgue, of Toulouse, in which the same affection followed the application of the acid nitrate of mercury as a caustic to the neck of the uterus, although the part was immediately washed with water.—M. Vidal de Clossis, one of the surgeons of the Venereal Hospital of Paris, has lately introduced a plan to do away with the sutures ordinarily employed to bring the sides of wounds together, to promote union by the first intention. He uses little spring forceps, about one inch and a half long, provided with a blunt hook, at their extremities, of ascending strength from No. 1, to No. 6, according to the kind of wound requiring union. It is principally in perenæal rents and recto-vaginal fistulæ, that these instruments are said to be useful. The first case in which they were applied, was one of phimosis; when the circumcision having been completed, the skin and mucous membrane were brought together, and held in contact by the little forceps. They may in such cases be removed in eight or ten hours, when union by the first intention will be found to have taken place.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Account of the Epidemic Religious Monomania in Sweden, in the years 1841 and 1842.* By the EDITOR.

Wide spreading epidemics, more or less resembling the one we are about to describe, have doubtless occurred and recurred many a time and oft; sporadic cases are not uncommon; but with the exception of Hecker's admirable description of the dancing mania of the fourteenth century, we have only vague or incomplete accounts of them, and the medical world is much divided in opinion as to their real nature. It is with the desire of adding a mite to the common treasury, that we present our readers with the following picture of the most recent and best observed of such epidemics, the very first case that occurred having been accurately noted, and the spread of the disease subsequently studied by many fully competent physicians, and learned theologians. A paper on the subject has appeared in the *Journal Hygiea*, by our friend, Dr. Sonden, which we shall make use of, and we shall freely draw on all such official reports and documents as are accessible to us.

The disease in question has received quite a choice of aliases, but we hope to show how little claim it has to the majority, by establishing its identity; and to this end we will just glance at the great epidemic referred to, before we proceed to the study of the more recent and the milder one, drawing our materials from the description by Hecker.

The last effects of the "Black Death" had not yet ceased to be felt—the fresh earth that covered the remains of so many millions had not yet sunk to its level—when a singular madness seized on the minds of the German people; an affection that for more than two centuries was by turns the wonder—

by turns the dread of the age, for its unfortunate subjects seemed to be drawn body and soul within the magic circle of a hellish superstition. From their bacchantic leaps, and violent gestures, as screaming, foaming at the mouth, and wearing the aspect of maniacs, they whirled around in the wild ring-dance, the disease was christened the dance of St. John, or of St. Vitus. What these two saints had to do with a dancing mania, we shall presently see. Rapidly the disease spread all over Germany and the countries to the North and West thereof—a true epidemic—in which the mere sight of one affected was sufficient to cause the disease in persons prepared to receive it, by the unequalled emotional and physical trials they had just passed through, or were still suffering.

In the year 1374 came to Aachen (Aix-la-Chapelle) from Germany, troops of men and women, who in churches and public squares, apparently involuntarily and unconscious of the presence of spectators, danced round hand-in-hand in a ring with frantic violence for hours together, until they sank down from exhaustion, complaining of great oppression and anxiety, and groaning as if about to give up the ghost, till somebody bandaged tightly their swollen bellies, when they came to their senses, and so remained until the next attack. People also sought to relieve this tympanitic distension of the abdomen, which accompanied the paroxysm of convulsive mania, by kneading with the hands, striking with the closed fists, or trampling with the feet. Although the affected neither saw nor heard anything going on around them while dancing, they yet had visions, in which spirits appeared to them, whose names they groaned or shouted out. Some in their lucid intervals, said that they seemed to be sinking into a river of blood, and that they exerted themselves so violently, in order to escape so horrible a fate. Others saw the heavens open, with the Holy Ghost sitting enthroned, accompanied by the Mother of God; showing how the belief of the age, in divers manners influenced their disordered fancies. In all probability the disease appeared in various forms; but the descriptions of cotemporaries are mostly from the pens of those, who being unlearned in medicine, and accustomed to mystify natural phenomena by a constant reference to their own fantastic ideas of the world of spirits, took little pains to record those particulars, which neither interested them, nor chimed in with their preconceived notions.

It required but a few months for the malady to spread from Aachen over the neighboring country of the Netherlands, and the number of those affected with it became so great as to awaken the greatest anxiety; for they filled the churches, pro-

cessions were continually parading the streets, masses being sung, and all hearts palpitated with affright at the prevalence of an affection which no one doubted was originated by Satan himself. The clergy of Luttich had resource to exorcisms, and put forth their utmost strength to crush an evil which wore so threatening an aspect, for as they grew in numbers and strength, the affected often called down curses on the heads of the priests, and threatened to take their lives. The authorities themselves became alarmed, and for example, because the madmen expressed their dislike to pointed shoes, and declared that none but square-toe'd were decent and proper, they passed an edict forbidding the use of any other. Many were the strange fancies about similar trifles that were indulged in; some could not bear the sight of any thing of a red color, some would not allow any person to shed tears in their presence. Not without considerable semblance of probability did they avow, under the influence, 'tis said, of priestly exorcisms, that in a few weeks more, the spirits or devils would possess the princes and potentates of the land, and with their aid would entirely root out and destroy the clergy. These avowals, which were made while in *a condition resembling magnetic sleep*, were every where believed, and passed from mouth to mouth with the most extravagant additions. The priests meanwhile employed every means at their command to stem the rising torrent of madness, and seemed unfeignedly to fear that the stability of existing social institutions was threatened. Whether in consequence of their exorcisms and anathemas, or, which is far more probable, of the moral and physical relaxation that naturally followed on such morbid excitement, the evil ceased in Belgium in about ten or eleven months.

A month after the disease first appeared in Aachen, it had reached Cologne and Metz. Farmers left their plows, workmen their shops, wives their homes, to join the wild and mystic dance. The animal propensities were no longer controlled by the dictates of morality, but were allowed full swing, and found abundant opportunity for their unlawful and unrestrained gratification. Hundreds of unmarried women might be seen desecrating the most sacred places, with their disgusting saturnalian orgies. When at length it became evident that the prayers and the curses of the priests were as unavailing to moderate the evil as the prescriptions of the physician, the people themselves took the matter in hand, and proceeded to banish without pity or exception all who were attacked; but it required four months before the authorities of the Rhenish provinces could succeed in re-establishing order, in curbing

the unbridled license which every where prevailed, and in suppressing the luxuriant growth of crime. The disease itself was indeed checked for a time, but having once been produced, continued to return every now and then, although in a milder form, not only throughout the rest of the fourteenth, but up to the sixteenth and even the seventeenth centuries. In the year 1418, the city of Strasburg was visited by it, and in addition to the usual tumultuous proceedings, vast crowds made pilgrimages to the chapel of St. Veit or Vitus. This Veit was a Sicilian youth, who suffered martyrdom along with Modestus and Crescentia, in the year 303, during the persecution of the Christians by Diocletian. The legend wants distinctness, and its hero would probably have remained an unnoticed member of the army of apocryphal martyrs, had not the removal of his bones to St. Denis, and later, in the year 836, to Corvey, conferred on him the dignity of acknowledged saintship, and when it became a matter of importance to strengthen the cause of Roman Catholicism among the Germans, many were the miracles performed at the new shrine, and St. Vitus ere long had the satisfaction to be enrolled among the fourteen holy "Helps-in-need." The good people were made to believe, that according to the legend, previous to his having bowed his head to receive the decapitating blow, he had prayed to God that all who fasted the day before his names-day, and properly observed that, should be freed from the dancing disease, when a voice from heaven was straightway heard, saying, "Vitus! thy prayer is heard." Thus St. Vitus became the patron of all afflicted with the dancing disease, just as St. Martin de Tours is of those sick of the small pox, St. Anthony of those who have the erysipelas, and the holy Margaret of poor women in the pains of child-birth.*

With regard to the origin of this great epidemic, it may be worth while to relate that St. John's or Midsummer-day had been for ages—certainly from the fourth century—celebrated with divers fantastic and extravagant ceremonies, a precious jumble of Christian and Heathen rites, in the mystic meaning of which as much superstition as religion was blended. The

* The following charm against St. Vitus's dance, which was long actually carried by an old woman in Devonshire, England, is not without its significance :

Shake her, good devil,
Shake her once well,
Then shake her no more,
Till you shake her in hell.

Germans, for example, in spite of the peremptory orders of the good Boniface, would persist in lighting bonfires on this day, or its eve, and holding fast to the old heathen practice and belief, that such men or animals as passed through the the flame or smoke, would by this fiery baptism be preserved during the coming year from fevers and all other diseases, and the practice with its accompanying superstitious notions is absolutely observed and entertained by many European nations to this day.* Of these half-christian, half-heathen, festivals, bacchantic dances and licentious orgies—veritable saturnalia—formed an essential part. We are not in possession of sufficiently numerous and correct data, on which to found an authentic history of the origin of the great epidemic of dancing mania, but with the knowledge of the disease we now possess, if we consider that in the first observed cases, the affected perpetually called on the name of St. John, we can hardly resist the conclusion that the celebration of Midsummer-day, 1374, which as might have been expected when pestilence had loosed the bands of morality, was probably accompanied with scenes of unusual license, extravagance, and mental excitement, fired a train which had long been laid—kindled the flame of a disease, a disposition to which had long been ripening. The reasons why customs previously observed without being followed by any such consequences (that is to a note-worthy extent, for doubtless they did occur,) should on this occasion have given rise to so fearful and wide spread an epidemic, is to be sought in the condition—physical and moral—of the people among whom it raged; reeling beneath the blows of a stunning grief, worn down by the gnawing pangs of hunger, at best appeased with a scanty meal of insalubrious food, and feeling a general loosening of the bonds that held society together; all after-effects of the most fearful pestilence, that ever stalked abroad and sowed death broadcast. Some of the symptoms described—the anxiety—meteorism—pains in the stomach and bowels, debilitated by the use of food of bad quality—point directly to one of the factors of the disease, in a way that cannot but strike and interest the reflecting mind. The doctors in those days seem to have altogether resigned the treatment of the affected into the hands of the clergy, at least such was the case in the fif-

* This custom is of the very highest authority, and was common to Jews, Gentiles, Christians and Pagans. In the Fourth Book of Kings it is thus written—"And Manasseh built an altar to all the host of heaven, in the two courts of the Lord's house, and made his children to pass through the fire, &c."

teenth century; it was reserved for the great "medical reformer" of the sixteenth, that arch-quack Paracelsus, to conquer back the disease from the realm of miracles and saints, and having traced its causes to physical derangements of the system, to treat it accordingly—indeed he boasts in his usual style of the number of cures he had performed—and other physicians followed in his wake. Their treatment was in accordance with the notions of the time; but of a truth, the disease itself had become much milder in its character; the screaming, groaning, running and leaping, the tympanitic distension of the abdomen, were no longer prominent symptoms, and the desire to dance but seldom troubled the sick; it had become more like the St. Vitus's dance of our times—*true chorea*—than the original frightful mania of the fourteenth century.

While the disease we have been describing was still common, another form of it was observed in Italy, to which the name of *Tarantismus* was given, in consequence of the prevailing belief that it was caused by the bite of an insect—the *Aranea Tarantula*—one of the largest of the European spiders, common in the countries bordering on the Mediterranean, the effects of whose bite are even now much dreaded, and believed to be curable only through the influence of music. Its venomous powers have no doubt been greatly exaggerated, but it should not be forgotten that there is a case related in the New York Repository, in which a convulsive disease supposed to have been occasioned by the bite of a spider, was most effectually counteracted by music. It is not conceivable that any considerable proportion of the great numbers affected with the dancing disease, could have been bitten by the spider, indeed the symptoms in those cases which alone we can allow to have been true tarantismus, were of a purely nervous character, unaccompanied with any evidences of mental derangement. It is easy to detect in the descriptions of the disease which have come down to our times, the common mistake of attributing all *apparently similar* effects, to the same known and easily comprehended cause, in this case the bite or sting of some insect or reptile.

The dancing mania spread from the afflicted to others who beheld them, by what we shall call *psychical contagion*—that is, through the influence of some emotion, as fear, sympathy, or the instinct of imitation, and as somewhat analagous symptoms were known to follow the bite of the tarantula, ignorant people saw in all the cases that occurred, what they imagined to be the familiar consequences of a familiar cause. The

extreme improbability of so many individuals being bitten by the spider, however, probably led to the conjecture that the bites or stings of other insects or reptiles might produce the same effects; hence we find even learned men accusing reptiles, and of these not only the *Lacerta Gecko*, but the *L. Stellio*, both most harmless fly-catching lizards.

The more violent symptoms really produced by the poisonous bite of the tarantula, lasted but a few days—from four to six—analogous to what is observed of the effects following the bites of our common venomous reptiles, when such do not prove fatal, as the adder, the rattlesnake, &c., but when the first more violent symptoms had subsided, they were said to be followed by a peculiar melancholy, under the influence of which the persons affected sought out solitary places—grave yards and the like—and there laid themselves out as if they were dead, howled like dogs, groaned and sighed, leaped and ran wildly about, rolled on the ground, stripped themselves wholly, or otherwise exposed their persons, assumed indecent attitudes, expressed a liking for or a dislike to particular colours, or were never better pleased than when soundly drubbed on the breech, heels, feet, or back. Now an attentive perusal of the descriptions of Baglivi, Sauvages, and others, reveals a striking discrepancy, not hitherto noticed we believe, yet once recognized, enabling us to see our way far more clearly in our nosographic researches. Baglivi says, that “when any are stung, shortly after it they fall upon the ground, half dead, their strength and senses going quite from them. Sometimes they breathe with a great deal of difficulty, and sometimes they sigh piteously; but frequently they lie without any manner of motion, as if they were quite dead. Upon the first sounding of the music the forementioned symptoms begin slowly to abate; the patient begins to move his fingers, hands, feet, and successively all parts of the body; and as the music increases their motion is accelerated; and, if he was lying upon the ground, up he gets, (as in a fury,) falls a dancing, sighing, and into a thousand mimic gestures. These first and violent motions continue for several hours, commonly for two or three. After a little breathing in bed, where he is laid to carry off the sweat, and that he may pick up a little strength, to work he goes again with as much eagerness as he did before, and every day spends almost twelve hours by the clock in repeated dancing; and, which is truly wonderful, so far is he from being wearied or spent by this vehement exercise, that (as they say) it makes him more sprightly and strong. There are, however, some stops made; not from any weariness, but because they observe the musical instruments to be

out of tune ; upon the discovery of which, one would not believe what vehement sighings and anguish at heart they are seized with ; and in this case they continue till the instrument is got into tune again, and the dance renewed. This way of dancing commonly holds four days, it seldom reaches to the sixth."

According to the above description, the patients very soon fall into a condition analogous to that caused by the bite of venomous serpents, from which state they are at once aroused by music, and by after violent exercise with profuse sweating, and intervals of profound repose, are cured of their disease. Reasoning *a priori*, we should have said that such a method of cure would be very likely to prove successful in such a case.

But let us see what the same author says in another place :

"A few hours after the bite, the patient is seized with a great difficulty of breathing, a heavy anguish of heart, and a prodigious sadness," &c. The malady, "after the sharp fit of the violent symptoms, which appear for the first days, is over, ends at last in a peculiar kind of melancholy which continually hangs upon the sick person, till by dancing, or singing, or change of age, those violent impressions are quite extirpated." Again, he states that the disease like the German chorea Sancti Viti, returned about the same time of year that the patient was stung ; and seems much at a loss to understand either how it was produced, or in what manner it was cured. He appears inclined, indeed, to account for the latter, by the profuse sweatings induced by the violent exercise ; but he admits that the physicians could not cure it by artificial sweatings. Sauvages, a great nosological authority, appears to have suspected that some error had been committed either in observation, or at all events in explanation ; for he begins by giving the opinions of authorities up to his epoch, (they are before the reader,) and then very distinctly says, "several experiments have been made at Rome, with the tarantula ; its bite causes pain, the parts swell and become livid, and in a few days the tumour is covered with a blackish scab. These symptoms are accompanied with sighing, cardialgia, or oppression, at the heart, and afterwards pains in all the articulations ; but no one has ever observed that those bitten have danced, or evinced any desire to dance. They have been cured by the use of the ordinary diaphoretics." Again he shrewdly remarks, "no author mentions tarantismus before the fifteenth century, although the tarantula was known long before. There are numbers in Sicily, Malta, Africa, and the Southern provinces of Apulia." However, we think he goes too far when he asserts, that the effects of the bite of the tar-

antula have nothing in common with the disease called tarantismus, an assertion which, taken along with the context, shows that he did not recognize the possibility of any convulsive affection being produced by such wound, of which we have not only sufficient evidence, but the occurrence ought not to strike any one as more singular, than the phenomena of tetanus or hydrophobia. We must remember, that both the true and the false tarantism, were—perhaps, only—certainly in a very large majority of cases—observed during the warmest part of the year, indeed the author we have now before us, says “heat alone suffices to cause the disease, in those who are predisposed to this species of madness.”

We should have been inclined to wonder that the eyes of the acute Baglivi had not been opened by the observation he makes, that *tarantism would return annually*, about the same time of year that the patient was bitten, (although it is on record that the great majority of those affected with the disease, had no recollection whatever of ever having been bitten,) were we not aware of the prevalence of a popular delusion of much the same character with regard to the bite of venomous serpents in general, and the rattle-snake in particular. No one can have any difficulty in believing that the dancing mania returned at about the same annual periods, who is familiar with the natural history of that class of diseases, indeed Baglivi appears to have been struck with its resemblance to the German chorea Sancti Viti, in that respect. He appears also to have been ignorant of the most ordinary phenomena produced by the veritable bite of the big spider, and that the symptoms were relieved by the use of ordinary diaphoretics, or he would hardly have failed to have been struck by the exception to the rule in the case of the dancers, whose cases prove refractory under the use of such medicines, but yet are cured, as he is inclined to believe, by the sweating consequent on their violent exertions.

To these three varieties of the same disease—the dancing mania of the fourteenth century, the chorea Sancti Viti of the Germans, and the tarantismus of the Italians—we have to add a notice of some other minor manifestations of related affections.

In some parts of Scotland, as Forfarshire, Angus-shire, Orkney and Shetland, a disease known by the name of the “leaping ague” is endemic. It is characterized by an irresistible propensity to leap or to run straight forward, without stopping, sometimes for incredible distances. “Those affected first complain of a pain in the head, or lower part of the back, to which succeed convulsive fits, or fits of dancing at certain

periods. During the paroxysms they have all the appearance of madness, distorting their bodies in various ways, and leaping and springing in a surprising manner, whence the disease has derived its vulgar name. Sometimes they run with astonishing velocity, and often over dangerous passes, to some place out of doors, which they have fixed on in their own minds, or perhaps even mentioned to those in company with them, and then drop down quite exhausted. At other times, especially when confined to the house, they climb in the most singular manner. In cottages for example, they leap from the floor to what are called the baulks, or those beams by which the rafters are joined together, springing from one to another with the agility of a cat, or whirling round one of them with a motion resembling the fly of a jack." It is remarkable that the muscular motions, though in a great degree involuntary, are performed with extraordinary agility and exactness, the affected performing feats which surpass those of professed tumblers, balancing the body with correctness, and dextrously avoiding dangers, in which this disease differs very remarkably from our modern chorea. The leaping ague—so called from its paroxysmatic character—is propagated by imitation, and seems to be accompanied with much less aberration of mind, than the disorders already mentioned.

In the epidemic which occurred in the Western districts of America about the year 1800, according to Dr. Robertson, who published an account of it in his inaugural essay, influenced by religious enthusiasm, new converts to the faith indulged in alternate fits of coughing, laughing, singing, shouting, and extravagant and violent gesticulations, until at length, to their own astonishment, they continued to act *from necessity* the curious character which they had commenced from choice, and were sometimes thrown on the ground, where for some time the motions resembled those of a live fish when thrown upon land, more than anything else. By degrees the more violent convulsions subsided into chronic chorea-like movements. But similar phenomena have been so common at revivals and camp-meetings, as to need no further notice, except to call attention to the evidence of propagation by psychical contagion already alluded to, which is afforded by the fact that children who happen to have witnessed such scenes, are attacked with similar disorders, although incapable of comprehending the feelings agitating the bosoms of their older companions, and often have retained for life incurable nervous affections, embittering their very existence. The Jumpers also, a sect of Methodists founded by two fanatics in the year 1760, present scenes at their meetings, which if possible exceed in extrava-

gance those of the French convulsionists, at the tomb of a priest of the name of Paris, in the church-yard of St. Medard. "The excesses of these last mentioned were carried to so fearful an extent, and their religious ceremonies were so debased by obscenities, that the police was obliged to interfere, and forbid these detestable practices; hence it was affirmed that the following somewhat impious notice was suspended over the church door :

De par le Roi, defense a Dieu,
De faire miracle en a lieu.

The king was Louis XV.

There are quite a number of anomalous forms of convulsion, bearing more or less marked resemblance to that of the mad dancers. Occasionally there have been movements uninfluenced by music, occasionally the patients are haunted by a certain tune, irresistibly compelling them to dance. Majendie describes a very extraordinary case, in which the body of the sufferer was thrown into every conceivable contortion, but he never lost his balance, nor fell down. In such cases there has been pain in the head, often excruciating, sometimes in the back, occasionally when the patients were women in the uterine region; and in one case where there was no pain, there was intolerance of light. "Three cases, occurring in one family in the county of Rutland, are related by Dr. Armstrong, in the ninth volume of the *Edinburg Medical Commentaries*, in which the patients were affected periodically and suddenly, with fits of shrieking, jumping, writhing, &c. The disease first occurred after hooping-cough, and Dr. Armstrong considered it epileptic." These cases were cured for the most part very quickly by means of local depletion and counter-irritation; one case which had proved obstinate under treatment, yielded at once to a spontaneous diarrhœa.

We shall now proceed with the history of the Swedish epidemic, and commence with *the very first case* that occurred.

CASE 1. A yeoman's daughter, living at Alsarp, in the parish of Hjelmseryd, province of lönköping, Lisa Andersdotter by name, 16 years of age, of good constitution, and who had from childhood enjoyed good health, began to suffer from gastralgia and hemicrania, in the early part of May, 1841, and these symptoms steadily increased for six weeks. She had been bled several times, venesection being much in fashion in the neighborhood where she resided. About Midsummer obstinate hiccup, and clonic spasms, especially of the arms and shoulders, came on, with, at times, attacks of dyspnœa, so

severe, that by the 26th of June her life was thought to be in danger. It was now observed that the spasms returned in paroxysms daily, and she became so weak as to be obliged to keep her bed, and when able employed herself chiefly in reading her bible, hymn-book, and other works of a religious character. Her friends supposed her to suffer from Raphania, Cereal Convulsion or Ergotism, a disease quite common some years, and which had been epidemic in the neighborhood but a short time before, and therefore contented themselves with asking the advice of an old wiseacre, having no real pretensions to medical skill. She had neither shown signs of melancholy, nor of exaltation. Towards the end of September, she began to sing psalms, by her own account involuntarily, and the instinct to do so soon became so powerful, as to leave her scarce time to eat. At the very first she only hummed without any set tune, but by degrees began to sing words to real melodies, and at last her voice became clearer and stronger than in her healthy state. Two weeks after this, she began to preach, at first at long intervals, afterwards at shorter, but *never when alone*. She was now believed by the people to be, as she herself asserted, inspired by the Holy Ghost, and crowds of the curious came to hear her sermons and prophecies, and their admiration and blind faith so stimulated her desire to preach, that such paroxysms of sermonizing attacked her several times a day, especially of an evening, and on such occasions she became so excited, that bathed in perspiration she persisted until she fell back utterly exhausted. She often fell into a state of incomplete syncope, and sometimes into a condition resembling magnetic sleep, during the continuance of which, she was supposed to be receiving revelations from above, and out of which she waked up with violent spasms, and began to preach in the name of God the Father, God the son, and God the Holy Ghost. She preached about conversion, regeneration, against the sins of pride, intemperance, and so forth, with now and then extravagancies about the day of judgment. All that she said, was by her account, inspired by the Holy Ghost, she could neither add nor take away one iota. Between the attacks, she was perfectly calm, sane, and good-humored; showing no trace of delusion, and conversing very rationally even about her own condition. She observed that her sufferings were so severe during the paroxysms, that certainly no one would wish to be in such a state; that it was not clear to her, whether her condition, was the result of a special divine interposition, or was only disease; at the same time she expressed no desire to get well, but said she was content as God willed it. On the 13th of November, she prophe-

cied that she should preach for the last time, just one week after, and would soon afterwards die, and she named another girl of thirteen, upon whom her mantle was to descend, that is to say who was to continue the preaching. So much of this prophecy as relates to the preaching, came true, insomuch that she really did cease to preach after the 20th of November. However she not only continued to live, but the spasms continued as before; indeed Dr. Carlson found her still in bed on the 11th of April, 1842, still subject to the most violent contortions, grimaces, and twitchings, although in other respects apparently healthy, being fleshy, in good spirits, and all her functions properly discharged. It was observed that she did not now lose consciousness during the most convulsive paroxysms; whereas at an earlier period it had been remarked that in proportion as these diminished, and the general health improved, so had the instinct to preach been developed. One of the very excellent physicians who have given us reports of this case, considered that gastric derangement had been produced by the combined influence of cold, damp, and improper food; that a hysterical condition existed perhaps from some ovarian excitement connected with the period of evolution, and that want of force of character, together with the belief of herself and her neighbors, that she was inspired of heaven, had occasioned the extraordinary development of the psychical phenomena.

Both the sister of Lisa, 18 years of age, and also the girl of 13, that Lisa named as her successor, were afterwards affected in the same manner.

CASE 2. Johanna Persdotter, 16 years old, had always been wilful, disobedient and idle. When compelled to do her lessons, used to throw herself on the ground, bite the grass or her clothes, and fall into convulsions, all of which was cured with a sound whipping. She was attacked with symptoms similar to Lisa's, but not so violent. This girl, who was good looking, with very pretty and lively eyes and fresh color, when she waked up from the trance-like condition, was in the habit of seizing a lighted candle, and passing it rapidly about her face, now glowing with excitement and apparent inspiration, so as in the words of the physician who related her case, to produce quite "a mystic, bewitching effect." Her voice was soft, sweet, remarkably agreeable; but her sermons, which lasted but from five to ten minutes, were a mere jumble of the most common-place phrases. This girl afterwards travelled about the country preaching, and at every place at which she stopped, left a number of similarly affected.

CASE 3. Lotta Osterlund, 16 years of age, after having only once seen and heard another already affected, was first attacked with chorea-like spasms in the upper and lower extremities, after which she began to preach, saying that she was inspired, and had received revelations from above. Her violence was extreme, and if her hearers were not sufficiently attentive, the spasms in her limbs and countenance became horrible to witness; she jumped and gesticulated, while screaming out her anathemas at the top of her voice, until she fell down exhausted, when she lay in a sort of trance for the space of half an hour, and immediately on waking up, again began to preach such things as she said had been revealed to her during her trance. Inflammation of the brain afterwards came on, she narrowly escaped with her life, and at the latest date up to which we have any accounts, her mind had not fully recovered its normal condition, and she had lost all memory of every thing that had occurred from the commencement of her preaching mania.

CASE 4. The girl Hedda, 14 years old, of good constitution, lively and good humored, had heard Johanna Persdotter preach. One Sunday afterwards, as she was reading the bible, she was attacked with spasms in her arms, accompanied with an agreeable sensation. She lay down, when the movements became slower, and she fell into a trance-like state. The spasms afterwards returned daily, and in due time followed preaching. In this case the spasms came on whenever any one mentioned anything *sinful* or if any idea of the sort crossed her mind. She enjoyed otherwise the best possible health, and was very happy at what she considered her good fortune. Her whole appearance was that of a person in a state of unusual agreeable excitement. She was perfectly cured by ten days treatment in the Provincial Hospital, when this excited appearance passed off entirely.

CASE 5. Inga Lena, considerably older than either of the foregoing, had been anathematized by one of the preaching women, took it to heart, became disturbed in mind, and began to creep on her hands and knees, as she said to humble herself and find grace. This woman soon became wholly insane, and was not restored to health at the last accounts.

CASE 6. Hallberg, a schoolmaster, had been in constant attendance on Johanna Persdotter, night and day for five or six weeks; at last he began to have slight spasms himself, looked wild, and his eyes were brilliant, preached in a loud voice, but when he caught the doctor's eye steadily fixed on him, he stammered, and abruptly closed his discourse with an "Amen!"

CASE 7. Inga Stina, domestic, 27 years old, preached several hours at a time, at the very top of her voice, with violent gesticulations. She called down curses on the heads of all who did not believe on her. The physician who relates her case found on examination, that she was perfectly insane; she had not had any of the chorea-like symptoms, but had suffered from anxiety and sinking at the pit of the stomach, with considerable dyspnœa. Her general health had been very bad for a number of years, and she had been much troubled with gastrodynia. With a mere modicum of religious knowledge, she had lost no opportunity of hearing a fanatic clergyman, whose ranting discourses had finally upset her reason. Not the less had she abundance of followers, and it was really melancholy to see crowds of people, so debased as to kneel in the snow at the feet of raving lunatics.

Our space has only permitted us to give a mere abstract of these seven cases; we believe, however, that we have presented our readers not only with the prominent features of each case, and above all of the first case which occurred, but with fair specimens of the different varieties. The disease was mainly confined to those of from sixteen to thirty years of age; however, it was not only by no means uncommon in children of from six to sixteen, but even occasionally attacked the aged. The plurality of the affected were women, and it is worthy of note that the men did not succeed in making such an impression by their preaching as the women, perhaps because they were rarely capable of such extravagant demonstrations. The disease, although most common among the yeomanry, was seen now and then in the more highly educated classes. In some, the somatic, in others the mental phenomena were most striking, a few cases were marked by the total absence of the one or the other group. In the mildest cases, those affected were able to control the symptoms, or to prevent their occurrence altogether, by a powerful exertion of the will; but in severer forms of the disease, such exertions of the will were unsuccessful, and in common with all other attempts to repress the outbreak of the paroxysm, seemed only to exasperate it, and occasioned its protraction weeks or months. All received the disease by what we have already termed psychical contagion, that is by seeing or hearing another affected with it; no one is known to have acquired it in any other mode, except the first affected, who may be fairly said to have read herself into it. It was indeed vaguely rumored that some had sickened after hearing a lively description of the exciting proceedings at these preaching bouts, but the physicians who were in the midst of the epidemic do not credit the story. The number

attacked is not known with any certainty ; but must at least have reached several thousand ; three hundred observed cases were reported to the college of health by the provincial medical officers. Like most epidemics, this one also attained its maximum of developement by degrees, and then slowly declined. The crowds who greedily swallowed the nonsense which these often half-naked girls uttered, (for their so-called preaching deserves no better name,) took their part against all the first attempts of the clergy and the physicians to put a stop to the evil ; and several of the latter mention hair-breadth escapes from the violence of the mob ; Johanna Pehrsdotter, indeed, appears to have saved the life of one of them, by restraining the fanatic crowd, for which he expresses himself duly thankful. One would have expected that none but the most illiterate and superstitious, taken by surprise, would allow themselves to be deceived by mad proceedings that would not bear a moment's serious examination by the light of religion or of reason ; and yet the folks (many of whom bore a character for unusual good sense,) to the number of, not hundreds, but thousands, filled and surrounded the hut in which a little chit of a girl, or a mad servant wench sawed the air in a paroxysm of mania, and reverently listened to the veriest ranting rubbish that ever insulted human understanding, driving away with violence, with clubs and stones, the minister of the gospel who would enlighten their miserable darkness, the physician who came to heal the sick, or the servant of the state, who would bid them respect the majesty of the law. The rector of one parish, after being severely beaten, only escaped with his life by the swiftness of his horses. One of the reporting physicians, was twice severely handled for attempting to observe the sick more narrowly, and only succeeds at last, by the aid of a body-guard of between twenty and thirty stout fellows, who were personally attached to him. He describes a scene in one place where, in a miserable hut, a dozen mad-men gave their feelings full swing, barking like dogs, howling like wolves, hopping, jumping, dancing, rolling on the floor ; now praying, now crying ; the tears running in streams down their cheeks ; they were crushed to the earth by unbridled and exaggerated emotion. One would think this description was taken from Dr. Robertson's history of the American epidemic of 1800, already quoted, so exactly do they tally.

Although in the majority of cases, no premonitory stage could be detected, but the disease burst forth at once, a true stadium prodromorum was nevertheless occasionally observed, in the form of anxiety, oppression, inquietude, sensation of

weight or absolute pain in the head and limbs, dyspnœa, loss of appetite, cardialgia, tendency to more or less complete syncope, a general sense of sickness, loss of the power of will over the voluntary muscles, disinclination to labour, irritable temper, wilfulness, &c., with shifting color, and change of expression of the eyes, they commonly becoming very bright.

The breaking out of the disease was marked by the spasmodic movements, the ecstatic condition, and the irresistible propensity to declaim on religious subjects,—or as the people called it, to preach.

The spasms consisted principally in violent twitchings of the muscles of the face, trunk and extremities, oftener of the shoulders, sometimes frightful, at others irresistibly ludicrous, occasionally in hops and leaps, sometimes so violent as to throw the patient from the chair on which he was sitting or the bed upon which he was lying. But nothing like the half paralytic symptoms of ordinary chorea were observed. Any thing which was offensive to the sick, occasioned or increased the spasms. A word dropped in conversation, and in itself innocent, might strike some chord, which the fantasy of the affected person caused to vibrate in sympathy, and produce an immediate paroxysm. For the rest, the spasms returned at uncertain periods, most frequently when wondering strangers were present, seldom when the patient was alone, very rarely during sleep.

The functions of the system were but little interfered with, appetite, dejections, sleep, &c., &c., were normal; the paroxysms however, were followed by considerable sense of fatigue, weakness and debility. Several degrees of severity were observed, practically we need only mention two—the milder and the more severe. Both were marked by the same spasms, the same preaching mania, the same belief in the direct influence of the Holy Ghost. That may be properly styled the severer form in which the trance-like condition was most perfectly marked, or the state of unconsciousness of an external world, during which they might laugh, sigh, clap their hands, and so on, but it was in one or other of these states, that they had their visions—visions in all cases of the same character, namely, of heaven or hell, angels or demons, &c., just as the desire to declaim, always found a vent in what we may call a rhapsody of religious commonplaces. It would be evidently wrong to consider those cases of mania, melancholia, or dementia, in which the preaching-disease sometimes ended, as a higher degree of the same; the two having really little in common, the original and distinctive characters of the prima-

ry disease, being merged in another chronic mental disorder, displaying its characteristic symptoms.

It is well to understand distinctly that this, like many similar preceding epidemics, was marked by two prominent groups of symptoms, the *somatic* chorea-like spasms, or involuntary muscular movements, and the *psychical*, namely the state of cataleptic ecstasy, and the irresistible desire to declaim on those subjects which occupied the mind during the ecstatic seizure.

The therapeutic means employed, varied somewhat according to the views of the different physicians with regard to the real nature of the disease; the remedies may however, all be classed under the heads of antiphlogistics, antispasmodics, or narcotics. The list comprises depletion, general and local—derivation, by means of vesication, pustulation, or rubefaction—calomel, saline purgatives, nitrate of potassa, borax—oxide of zinc, assafœtida, castor, &c.—camphor, opium, and extract of stramonium. It would be a waste of time to particularize, to dwell on the accidental complications, in the treatment of which such a battery of remedies might have been wisely employed according to the indications, but we have our scruples as to their fitness in uncomplicated cases. Nevertheless, one effect of treatment, whether antiphlogistic, antispasmodic, narcotic, or what not, is of too great importance to be passed over so lightly, we mean *the psychical*. When the patient who believes himself, and is believed by others, to be the favoured of heaven, possessed of a demon, or in some way or other under the influence of unearthly powers, to which resistance would be impious or vain, finds himself treated as one sick—diseased—sooner or later he will come to the conclusion that he is sick, and the moment that conviction forces itself upon his mind, he is half cured, the most important symptom—the belief in superhuman influence—is relieved. We should very frequently, beyond all question, effect a cure without the administration of one single dose of medicine, by simply allowing the affected person to continue his preaching unrestrained, but removing his gaping audience, and letting him understand that he was considered sick, and his visions and prophecies merely the delusions and delirious ravings of a sick person—this plan was indeed eminently successful.

In the absence of post-mortem examination, and reasoning from the phenomena observed in analogous cases, there appear no grounds to suppose the existence of inflammatory action in any part of the cerebo-spinal system. There may be, doubtless is, *some* physical change or another necessarily connected with the disturbed mental and nervous manifestations; for we cannot conceive a deranged function, without

physical change in the organ which performs that function, although in this and parallel cases, it is of a kind that has hitherto escaped even modern microscopic investigation; and we think it would hardly be worth the while to search in our *Materia Medica* for a medicine to cure—religious ecstasy.

The confining of the disease to a certain class, shows that certain predisposing causes must have been in existence; these may have been *physical* or *psychical*, or both. We will commence with *drunkenness*; and here we must quote Dr. Sonden's essay, lest we be thought extravagant in our language.

“Physical and psychical excitement, and both to an unusual extent, are the result of the contest between the lust for strong drinks and the newly awakened temperance movement, combined with fanatic sectarianism. We see on the one side a low and sensual passion for intoxicating beverage, paralysing the powers of body and mind, lowering the standard of morality, destroying order, thrift, and the welfare of families, annihilating all feelings of honor and virtue, and finally debasing its slave below the level of the brute. We see on the other hand, stern preachers of temperance, fanatic teachers and sectarian apostles, who with the pains and penalties of religion and the law, or with blind superstition and false tenets, now seducing, now intimidating, wake up in terror the slumbering conscience, and the smothered feeling of forgotten or despised religious and moral duty. The poor heart becomes a prey to the most opposite feelings and desires; and if self reproaches and regrets do not, with their rending pangs, occasion insanity so often as we might expect, but rather degradation, ruin and misery, they are yet so agitating as, with the aid of coinciding tendencies, to tear asunder the guiding reins of reason, and to substitute the groans of despair and the shouts of insanity.” The foregoing extract paints the condition in which numbers were placed previous to and during the continuance of the epidemic, and the causes of that condition. There can exist no doubt as to the powerfully predisposing effect of such a condition.

To this must be added the influence of *food of bad quality*. The crops had failed two years in succession, and the most important article of the people's food—bread—was both scarce and anything but good. No one will deny that unwholesome and insufficient food will lower the vital powers, directly occasion disease, or, which is of the greatest importance to this investigation, induce an unusual susceptibility to the injurious effects of both physical and psychical causes of disease. Many physicians indeed, persisted in attributing the epidemic to the poisonous influence of foreign ingredients in

the rye which almost exclusively constitutes the bread-corn of that part of Sweden, mainly to ergot, which was particularly common during the years in question. But independent of the fact, that minute examination detected no foreign ingredient of poisonous character in the corn, except ergot, there is no substance we are acquainted with, possessed of the property of occasioning religious mania. The idea, doubtless, had its origin in the circumstance that Raphania had been epidemic of late years in those parts, and in consequence of the spasms common to both diseases, they actually were at first confounded. That the injection of spurred rye will produce disease, there is no doubt, but that disease is not religious mania.

We have no observations on *meteoric phenomena*, from which to draw any conclusions as to the predisposing effects of weather and the like, their absence, however, is probably of little importance.

It has already been mentioned that the *age* of the majority of those affected, was from 16 to 30 years; the next largest class included children of from 6 to 16, and a small number were over the age of 30, or were old people.

With regard to *sex*, girls and young married women constituted a very large majority; and in respect of *constitution* and *temperament*, no conclusions can be drawn.

The *psychical causes* we think more interesting, and, as being less generally understood, more important than any of those we have been considering; and first of *Education*.

Education among the people who were the subjects of this disease, with the exception of religion, was confined to the business of life, the mere mechanical performance of daily labor. Religion is the only field in which the imagination of such folks finds room to roam; and one thing is certain, that even where no false prophets disturb the balance of the mind, the religious knowledge they do possess is so scant as to leave abundant space for unbelief, superstition and fanaticism. We must remember too, that ignorance leaves people without a guide, allows them to entertain the most absurd ideas on all subjects where common sense, or the positive doctrines of religion, are not sufficient to enlighten and to guide them. Add to this the historical fact, that phenomena of the nature described, have always been observed among the least educated, as was the case in Sweden, and another historical fact, namely, that in the portion of that country in which the disease arose and spread, the minds of the people had for a considerable time been disturbed by the prelections of sectarian and fanatic priests, and by the reading of inflammatory pamphlets,

while there is too much reason to fear that the duties of the regular ministry, in spreading a knowledge of true religion, and in the religious care of their flocks in general, had been sadly neglected. From similar causes, similar consequences have followed on several prior occasions, although the disease never took on so serious an epidemic form. Fifty years before a number of persons had been sent to the insane asylum at Danvik, afflicted with the "preaching madness," of whom only one recovered, the others remained incurably insane. They were sent to the asylum in order to stop the spread of the disease; a measure that proved perfectly successful. Since then, different parts of the country have at times been troubled with partial outbreaks of religious fanaticism, which if they did not merge into mania, were very near it, having lead to naked dances, public baptism in rivers, unbridled intercourse between the sexes, &c. Not without interest, are some of the remarks of Deacon Ponten, who has been in the habit of treating insane, in his own house, for upwards of 40 years, and lives just in the very neighborhood of the place where the epidemic broke out. He says: "I think I have observed, that of late, insanity has more commonly been caused by the influence of the mind, whereas 20 or 30 years since, the contrary was the rule. The number of those affected with insanity, is decidedly on the increase of late years," which he attributes to the influence of fanatical preaching, and the physical diseases caused by the abuse of alcoholic drinks. He observes, that if an evil-minded person be roused to repentance by a ranting priest, he is very apt to become a prey to a lasting melancholy and anxiety, and to be seized with what the doctor aptly calls "panophobia."

An ignorant people, a prey to the malign influence of the predisposing mental and physical causes of such disease, would not require much additional impulse, to be driven on to absolute insanity; and this impulse was given, when a young girl, rendered extremely excitable and susceptible, by the effect of a tedious chronic nervous affection, after much reading of the bible and of other religious books, fell into a state of cataleptic ecstasy. The disease spread like a prairie fire, among the excited people, numbers fell into the same condition, many suffered in different degrees, and almost every one felt the influence of the epidemic, even if not drawn into its vortex. It is rare indeed, as it appears to us, that the causes of a psychical disease, have been so clearly displayed.

If by the continued study of religious works, giving free play to the imagination, and abandoning the guidance of the understanding, a person becomes deranged—or if the same lot

befall a poor sinner, led by his newly awakened conscience to despair of salvation—no epidemic dates its origin from their visitation, none are affected by psychical contagion, provided those who come into contact with the sick, have not been predisposed to the same affection, by having been exposed to similar influences. Were it not so, a whole nation might be infected by a single maniac. For a disease to prove epidemic, predisposition in those who surround the sick, is commonly necessary, and here we have a concatenation of circumstances—suffering from want, food of bad quality as well as insufficient, intemperance, and the effect on the minds of ignorant and sensual people, produced by a narrow and one-sided study of religious works, and the ranting declamations of fanatics—those of a physical nature aiding, those of a psychical of necessity ending, in the production of a morbidly excited state of mind, constituting a *predisposition to religious insanity*, without the existence of which no such disease as the one under consideration, could ever appear as an epidemic. Such predisposition must have existed previous to the celebration of St. John the Baptist's day, in 1374, after the outrageous excesses and bacchanalian orgies of which, the dancing-mania burst forth a frightful moral pestilence.

The *nature* of the disease, and therefore its appropriate *name*, have both given rise to much inkshed. Its *synonymes* bear witness to the different views which have been held on the subject; Enthusiasmus, Galen;—Saltus Valentini l. Viti, Plater;—Chorea Sancti Viti, Sennert and others;—Melancholia Saltans, Sauvages;—Ballismus, Svediaur;—Tanzwuth, (St. Johannis, St. Veits Tans,) Hecker;—Dæmonomania, Broussais; Theomania, (Mal de St. Jean,) Esquirol;—Religious Ecstasy, Sonden. The following names have been applied indiscriminately to this disease, to some of its varieties, and to very different ones: Scelotyrbe, Tarantismus, Carnevalette delle donne, Scelotyrbe Festinans, Hieranosis, Choreomania, Orchestromania, Chorea Sti Modesti, Epilepsia Saltatoria, Dans de St. Guy, Leaping Ague, and some others.

A little investigation and reflection suffice to show, that in their observations and the conclusions drawn from them, some have only paid attention to the physical phenomena, and then applied the term "chorea," or its equivalents, to the disease; others, on the other hand, have exclusively considered the mental, and hence the terms "Theomania," "Demonomania."

We shall never, medically speaking, acquire any real knowledge of the nature of mental diseases, until we learn to consider man as one whole—body and soul—duality in unity;

and receive as an axiom, that somatic and psychical phenomena never occur independent of each other. It is true, that under different circumstances, now the one now the other preponderate, even to such a degree that the one may be entirely lost to view in the exaggerated development of the other.— True, also, we distinguish two great classes of disease affecting the brain, namely, *organic*, such as congenital deformities, inflammation, extravasation, suppuration, effusion, degeneration, the consequences of external violence, &c.; in a word, visible, tangible, organic changes—and *functional*, as disordered susceptibility to impressions, paralysis, disordered mental and moral manifestations, exaggerated passion and emotion, paralysis of the will, &c.; science very properly makes a distinction between these two classes, but experience teaches us their mutual dependence and intimate relation in the majority of cases, and we are compelled to believe that however dimly revealed, sometimes indeed concealed from us, this intimate connection and dependence is invariable as it is necessary. How impossible, how unnatural then, to draw a line of demarkation between psychical and somatic disorders, if we regard the fact that organic derangements of the cerebrum may and do cause modifications in mental and moral manifestations, and that mental and moral affections may and do cause organic derangements of the cerebrum.

The characteristics of true chorea, are tremulous, irregular, involuntary motions of the muscles of voluntary motion, without pain, and more marked on one side than on the other, occurring sporadically, and chiefly affecting females between eight and fifteen years of age, to a certain extent under the influence of the will. The disease is, we believe, never contagious by intercourse with other sick, and when it occurs past the age of puberty, is very apt to prove incurable. The eyes lack lustre and expression, the look is vacant, the temper irritable, and the emotions are exaggerated, often indeed no cause for their manifestation can be discovered. The only diseases of importance to our investigation, in which chorea terminates, are idiocy among the psychical, and convulsions, epilepsy, apoplexy, palsy and hydrocephalus, among the somatic.

In the disease which has been confounded with it, the convulsive moments are commonly symmetrical, are less under the influence of the will, and alternate with intervals of sleep or of cataleptic ecstasy. The majority of those attacked are females, from 16 to 30 years of age; and when the disease once makes its appearance, it spreads rapidly among the predisposed who come into contact with those already affected.

The eyes are brilliant, the countenance lively and expressive; the patient believes that he or she is under the direct and irresistible influence of spiritual powers, and acts on the delusion; on all other subjects is perfectly sane. The very great majority recover; the disease now and then terminates in phrenitis or mania, and is then very rarely completely cured. In the disease under consideration, a muscular organ is affected in its totality; in chorea, each individual muscle composing such organ, is liable to independent convulsion, so that in the former the convulsions consist in exaggerated and involuntary muscular movements, in natural order and combination; in the latter, of such movements without a trace of order or combination, each individual muscle contracting as it were "on its own hook." And indeed the striking differences between the two diseases, may be figuratively expressed thus: in the dancing or preaching monomania, the fancy has broken bounds, and the muscles are bound to follow her mad career; in chorea, a number of individual muscles have thrown off their allegiance to volition, and become insane.

Having, we trust, shown that the disease is not chorea, it remains for us to show what it is, and to place it in its appropriate nosological position. A simple definition will save many words. A disease characterized by *delusion*—(*the affected believing himself inspired, that he has visions, and holds converse with spirits,*) *irresistible propensity to declaim on the subjects occupying his mind during his visions, coming on in paroxysms, often preceded or accompanied by involuntary muscular movements; the paroxysm sometimes terminating in a condition more or less resembling cataleptic ecstasy, the eyes throughout the disease being remarkable brilliant, and the expression of countenance animated and inspired*—is a mental disease, is insanity, and we think the best epithet by which to designate this particular form, is the one proposed by Dr. Sonden, *Religious Ecstasy*.

No doubt the convulsive affection conjoined with the psychical, is an important complication, and certainly a very interesting one, for experience teaches, that in no other form of mental disease are such affectionous so common or so violent, as in religious mania, for the reason we are inclined to believe, that nothing so thoroughly deranges the normal relations of mind and body, and especially of volition and the muscular system, as excited fancy, most especially when exercised on the mysterious, the awful, the superhuman, and hence too, the unusual tendency to important sympathetic and reflected affections of the digestive and generative apparatus, &c., as well as of the muscular system, in all forms of religious insanity. The importance of such complications, however, is not

nosological, and therefore we leave them without further notice, only reminding our readers, that they were not only, according to the Bible, common in those "possessed," but also to the heathen Sybils and Pythias, as well as to modern Methodists, and to those declaiming in "unknown tongues," in the Rev. Mr. Irving's church, in London.

Religious Ecstasy is by no means to be confounded with demonomania, theomania, &c.; for these are characterized by a chronic character, a more permanently insane condition, with few or incomplete remissions, commonly ending fatally, and not contagious.

For the related disorders — leaping-ague, one form of tarantism, and such cases as those of Mr. Kinder Wood, Dr. Watt, &c., unaccompanied by delusion, the old term choreomania, seems to us eminently applicable, as the Greek word from which the term chorea is taken, signifies "a dance." As this disease, too, is sometimes epidemic and contagious, the term epidemic should in such cases be prefixed. Dr. Haygarth has published a remarkable occurrence of this kind, which took place in the Isle of Anglesea, in 1796, where 23 females, of from 10 to 25 years of age, and a lad of 17, who had all had intercourse with each other, were seized with slight pain of the head, or of the stomach and left side, followed by twitchings or convulsions of the upper extremities, continuing with little intermission and with much violence for a considerable time. The pulse was moderate, the bowels costive, and the general health not much impaired. There was usually hiccup, and when the convulsions were most violent, giddiness, with loss of hearing and recollection. During convalescence, the least fright or sudden alarm, brought on a slight paroxysm.

The principle which should govern the treatment of Religious Ecstasy, appears to us to be contained in this little sentence — as much common sense, as little emotion as possible. Separation from the gaping audience, the friends and acquaintances whose open mouths too often reveal the stupid wonder with which they regard the unusual phenomena, and in the absence of whom the disease in the greater number of cases, never would have been developed, must form the basis of all treatment. As well might we expose the inflamed retina to the glare of the mid-day sun, as allow that which can but feed the flame of excited fantasy; especially when we recollect that in this case it is most commonly kindled at the very age when the desire for sympathy is apt to overleap the rational bounds, within which it is normally and usefully confined. Isolation — which in religious monomania is frequently injurious — suffices for the speedy cure of uncomplicated cases,

and stems at once the current of an epidemic. For the rest, the physician should be as a father to his patients; but his patients must respect his directions as becomes children. The only real difficulty in the treatment of cases, during the prevalence of an epidemic of this nature, arises from opposition on the part of the ignorant and superstitious, to interference in any way with what they believe to be a divine dispensation, especially when the means proposed to be employed are so simple as temperance in diet, wholesome employment, and sufficient as well as appropriate amusement, which with temporary isolation, where necessary, constitute all that is required, not forgetting the treatment called for by special indications in individual cases.

We have, in the foregoing pages, confined ourselves to the purely practical consideration of the subject, convinced that as Voltaire said, "the greatest enemies the devil has, are the doctors," who are continually robbing him of some portion of his dominions. We have much to say on the psychological phenomena of this most interesting disease, but are fain to leave the completion of the subject to another opportunity.

ART. II.—*Pathology and Treatment of Cholera.* By R. H. JOHNSON, M. D., of Cincinnati.

I propose in this communication, very briefly to acquaint the reader with my views and experience in the treatment of cholera. The profession is already familiar with its phenomena, and it were but waste of words to rehearse that which is so well understood. The same language might be used, respecting its *treatment*, if the numerous communications which have appeared upon the subject, (especially in Europe,) could give a proper understanding of what should be the treatment. But unfortunately, no two of the numerous writers agree on this point; nevertheless, great good must grow out of such a vast collection of remedial methods; and although a specific may never be found, any more than we have been able to find one for small-pox, typhus or scarlet fever, yet we may draw from this great store-house, modes of treatment which shall come as near fulfilling the noble object at which we aim, as it is possible, or as He who may justly be styled the Greatest of Physicians, designed we should come. In looking back to the origin of physic, to those early times when this and all other arts and sciences had their beginnings, though they were rude and imperfect, we may derive wisdom from their contemplation. Herodotus, and after him Strabo, observe, that

it was a general custom among the Babylonians, to expose their sick persons to the view of stranger-travelers, in order to learn of them whether they had been afflicted with the same distemper, *and by what remedies they had been cured*. The custom in the days of the famous Hippocrates, was, for all persons that had been sick, and were cured, to put up a tablet in the temple of Æsculapius, wherein they gave an account of the remedies that had restored them to their health. That celebrated physician caused all these inscriptions and memorials to be copied out, and derived great advantages from them. Let our tablets be—our Medical Journals, and our temples—our libraries, that advantage may be derived from recorded experience in the treatment of disease.

No disease to which human flesh is heir to, makes such rapid and dreadful inroads upon every vital organ of life, as does “Asiatic” Cholera. It has its primordial origin in the nervous system; its secondary, in the alimentary canal. And it is with a view to the restoration of the last power of these two systems, that our treatment must mainly be directed. The utter paralysis of the *vis nervosa*, causes the flood-gates of every part of the body to open passively and discharge their contents into the stomach and alimentary canal, whence from this gulf it is carried off, leaving the system drained, withered and dead; as in like manner we see a frail flower, its moisture extracted, dying beneath the rays of the burning sun. And here it will be said, that the system must be replenished with that of which it has been drained; not so! And this is the point at which our treatment begins. This is the rock on which I believe that most, if not all, of my cotemporaries of the profession founder. In pouring fluids into the stomach in cholera, you do not replenish the capillary vessels; nor, more important still, the great vessels—the blood-vessels—and thus supply them with the stimuli of which they have sustained so great a loss. The nervous filaments distributed to these smaller and greater vessels, are paralysed; and the last drop is pouring forth to the common receptacle and outlet—the stomach and alimentary canal. What is to be done? Give the patient *no fluids*. To this will be answered, as the patient often says—“Doctor, I shall die if I don’t have drink.” Not so; you will die if you have it. Better give nothing. But what then is to be done? Give medicine in the *dry form*, and apply mustard cataplasms externally—to the limbs and feet—over the stomach, bowels and heart. I have said, give no fluids. I mean to say, give none so long as there is any discharge from the stomach or bowels. After this has ceased, give strong green tea or coffee, and the camphor and ammo-

nia mixture in some form such as that prescribed at the close of this article. But give no fluids of any kind in malignant cholera, till reaction takes place; their effect is to poison the system, as shown by the aggravation of every symptom, and the patient is hurried into collapse and death. No kind of medical agent will stop these discharges, especially the vomiting, if any form of drink is given.

The following are the therapeutic agents which I have employed with almost universal success, in all stages of the disease:

℞ Pulv. Kino Compos:
Plumbi Acetatis:
Camphoræ āā. gr. xx:
Hydrarg. Submur:
Pulv. Capsici āā. gr. x:
Pulv. Opii. gr. v:

Mix, and divide into ten powders. Give one of these powders, in brown sugar, every half hour or hour, according to the urgency of the case.

The brown sugar will be found the best vehicle for the administration of the powder, as when melted in the mouth, it creates just sufficient moisture to form the powder into a mass, and to enable the patient to swallow it. But should any fluid be taken after it, the stomach will surely reject it. And here it may be observed, that vomiting is the most prostrating symptom present. It hastens the patient on to the collapse stage, with the most rapid and fatal certainty. Let it be checked by withholding fluids from the patient, and action of the bowels will also be checked. It is needless to speak of the character of the remedies composing the above prescription. The calomel may often be left out altogether, as the liver is passive in the disease, and will resume its function upon the restoration of the circulation of the vital fluid, of which it is deprived through the morbid action of the bowels. So soon as reaction takes place, convalescence is rapid under the influence of stimulants, and a generous diet.

For congestion of the brain and spasm of the stomach, leeches applied to the temples and epigastric region, give certain relief. For children, and mild cases, and the early stage of the disease in adults, the powders may be divided and subdivided.

Having the fullest confidence in the efficacy of the method of treatment above recorded, I deem it a duty to make it known for the use of others who may think proper to give it a trial.

One grain doses of calomel, with chalk and ipecacuan in powder, every two hours, till five or six are taken, in the consecutive fever of cholera, will be found of much value as an alterative; but I do not condescend with those who believe it to be essential to the cure of cholera, to produce salivation. I deprecate the use of mercury to the extent of salivation, in this and in all other diseases, if it can possibly be avoided; and cholera *can* be cured without salivation. It may here be observed, that it is far more important to employ this agent for the purpose and to the extent of correcting the secretions, *after* reaction has taken place, than before.

The following medicine for either choleraic or bilious diarrhœa, will be found efficacious:

℞ Pil. Hydrarg:
Plumbi Acet. āā gr. xii:
Pulv. Opii gr. vi:

Mixed and divide into six pills—one to be given every hour.

When the tongue is found free from billious coats, the following may be substituted, either in the choleraic or bilious diarrhœa:

℞ Plumb. Acet. gr. xii:
Camphoræ:
Pulv. Opii āā gr. vi:

Mix and divide into six pills. One to be taken every hour.

The following as a stimulant in the collapse of cholera, after the vomiting and discharges from the bowels have ceased, may be used with much success:

℞ Aquæ Camphoræ ℥vi:
Ammon. Carb. ℥i:
Syrup. Zinzib. 9. s.:

A table spoonful to be given every hour or two.

The Camphor Julep of Ellis's Formulary, page 154, is the preparation I have used with the best success, and is prepared as follows:

℞ Camphoræ ℥i:
Aquæ Bullientis, ℥viii:

This preparation should be set aside in a covered vessel for half an hour, and then strained. A table spoonful for a dose, *pro re rata*.

ART. III.—*On Endemic Fever*. By DAVID A. HOFFMAN, M. D., of Jackson county, O.

Since December, 1849, Typhoid Remittent Fever has prevailed pretty extensively, in a low, wet, marshy district known as the Cove, seven miles west of Jackson; and as it differed somewhat from Enteric or Typhoid Fever, as described by authors, I have concluded to give a short account of it. It did not appear to be confined to any particular class of inhabitants, but attacked all ages and sexes, and in the commencement of its ravages, proved fatal in several instances; but I do not think death resulted in any case, from the disease possessing any peculiar malignancy, more than our ordinary febrile diseases, but from neglect in using proper remedial measures before the patients were "in articulo mortis." The laity considered it eminently contagious, but I have not seen any evidence to justify such an opinion; on the contrary, am convinced that it was no more so than our usual remittent fever. Some contend that it was induced by "marsh miasmata," from the fact that the country was favorably situated for the production of miasm; but I think it extremely doubtful whether this peculiar agent had anything to do with it; because heat, moisture, and vegetable decomposition combined, are essentially necessary to its formation, and this endemio epidemic committed its greatest ravages in December and January, when the temperature of the atmosphere was below the point necessary to produce miasm; and furthermore, it ceased upon the approach of warm weather. These facts I think are sufficient to justify us in throwing aside the idea that miasm produced it. I believe it was induced by an endemio-epidemic constitution of the atmosphere, assisted doubtless by the usual exciting causes of disease; further than that I cannot say. It differed from enteric or typhoid fever, as described by authors, in the absence of tympanitis and the rose-colored eruption, both of which are characteristic phenomena of Enteric Fever. It differed also in the length of time it continued, as there appeared no more difficulty in arresting it, than we usually meet with in common remittent fever, provided it had not run on too long. If proper treatment was used in the commencement, the disease could be arrested in from 3 to 7 days, but if allowed to progress uninterruptedly, it would continue from one to two months, or longer. When first called to a patient, we invariably learned that he had been troubled with the premonitory symptoms of our ordinary bilious remittent fever; these were followed sooner or later by a slight chill, fever of a very low grade, pain in the head, sometimes

very severe, but generally dull, dulness of mind, dejected countenance, indisposition to talk, tongue dry and covered with a dark brown fur, teeth covered with sordes, extremities cold and clammy, pulse from 110 to 150, but feeble and wiry. The stomach was irritable, and diarrhea, or an extraordinary susceptibility to the action of cathartics, was present in every case. The urine when voided was very scanty and straw-coloured, but was generally suppressed; (in some cases none was passed for seventy-two hours,) and a peculiar and offensive odour was emitted from the body, resembling very much the smell of cat's urine. This smell was so strong that the disease could be readily recognized upon entering the house, by it alone. A complete remission occurred every morning, with an exacerbation in the evening. If the disease was not arrested, the symptoms became more alarming, the pulse disappeared, subsultus, stupor and profound coma supervened, and all efforts to arouse the patient were futile. As to the anatomical character of the disease, I say nothing, as I was not permitted to make a post-mortem examination. With regard to treatment, I used generally powders composed of calomel and camphor aa 4 gr., and pulvis Doveri 3 grs., every four hours, until the diarrhea was checked, and a slight impression made upon the gums, spiritus mindereri, artificial heat to the extremities, and blisters. Whenever a remission occurred, I gave quinine freely, combined with small doses of camphor, and wine, brandy, or carbonate ammonia. The patients would improve from the first upon wine and quinine. After continuing the above treatment, modified as occasion required, for a few days, the tongue would become moist and clean off, the urine would be discharged properly, and the patient rapidly recover. Such is a brief and imperfect history of the disease and the treatment. Whether the treatment was correct or not, I shall leave for older heads to decide, but I was successful in every case; while those who used antimonials, drastic cathartics and venesection, lost several.

ART. IV. — *Difficult Labour, Hydrocephalic Fætus; Cephalotomy.*
By THOS. W. GORDON, M. D., Bazetta.

February 23d, 1848, I was called in consultation on the case of Mrs. C——, aged 19½ years, engaged in labour with her first child. I found her lying, or rather half sitting on the edge of the bed, with her feet resting on two chairs; the accoucheur in attendance sitting on a third, a la mode Francaise. There was no pulse at the wrist, the countenance was extremely

pale, the eyes were rolled back, and the patient was apparently unconscious. There was no appearance of uterine contractions, nor had there been for the last 36 or 50 hours. I was requested by the physician in attendance, to make an examination, when I found the os uteri extensively dilated, the head of the fœtus in the first presentation, occupying the superior strait, and so large as to make it impossible for it to engage in the inferior. The anterior fontanelle was distended with fluid, the parietal and frontal bones were separated about half an inch at the coronal suture, and were quite movable. The attending physician having asked my opinion respecting the case, I told him that I believed the fœtus was hydrocephalic, and I had ascertained by auscultation, that it was dead; and therefore no benefit could result from further delay, but infinite harm. He replied, that not knowing whether the child was dead or not, he had delayed, in the hopes that nature would accomplish the delivery; stating that the pains had ceased, he knew not why, but that they had been active for some sixty or seventy hours since he was called on the preceding Sunday, this being the afternoon of Wednesday.

As I could see no reason for any further delay, but strongly felt the importance of a prompt delivery, I employed the perforator, on the introduction of which 50 or 60 ounces of bloody serum escaped. The blunt hook was then made use of, and gentle friction employed over the abdominal surface; in a few minutes the uterus began to act, and with the aid of slight traction, the fœtus was delivered, the head having collapsed. The patient being much exhausted, ammoma and spirits of lavender were administered, but not succeeding, "hot sling" was given until the pulse rose.

Appearance of the child: the frontal, parietal, and occipital bones were separated, and the temporal were displaced, so that there was no union at the squamous suture; the brain was found unfolded as it were, forming a lining to the cranial cavity of about half an inch in thickness.

With the exception of some after-pains and diarrhœa, easily relieved by the usual remedies, the patient recovered more rapidly than a majority of parturient women.



PART SECOND.
AMERICAN INTELLIGENCE.

ART. I. — *Croup*. By JOHN WARE, M. D., Boston.

THE following papers were originally communicated to the Boston Society for Medical Improvement, and to the Suffolk District Medical Society. The first of them was published some years since in the New England Medical and Surgical Journal, but, as it is closely connected with the subsequent ones, it seemed desirable to reprint it with them. The whole substance of these papers might have been easily condensed and presented in the form of a single essay. As they were, however, prepared at different times, and in the course of a continued series of observation and inquiry, I preferred offering them to the profession in the form originally given to them.

I.—*Contributions to the History and Diagnosis of Croup*.—Read before the Boston Society for Medical Improvement, in 1842.

Every physician who has much practical acquaintance with disease, will have observed that there are great differences of character among the cases to which he finds it convenient, in accordance with the custom of medical men, to give the general name of *croup*. He finds that a certain portion of these cases—and by far the larger portion—yield readily to the means which he employs, and very often to the ordinary domestic remedies of mothers and nurses. He has indeed reason to believe that a considerable number of them would spontaneously subside if left to themselves. On the other hand, he finds that there are some cases, fortunately but few in proportion to the whole, which exhibit throughout their course, a character of obstinacy that bids defiance to treatment, and which, with few exceptions, pass on to a fatal termination uninfluenced by any remedies he can employ.

Different views may be taken of the nature of these cases. It is believed by some, that the former are not, for the most part, essentially different from the latter; that the difference is more in degree than in kind, or that the difference in the severity and result depends on difference of management; that the favorable character and course of the former, are merely owing to early and judicious treatment, and the fatal event of the latter to the inefficient or too tardy application of remedies. A long, and I trust a faithful examination of this disease has, however, satisfied me that this opinion is not correct. I have been led to believe that there is an original and essential difference in these cases;

that those of the first kind are pathologically different from the second; that the former, even if they terminate fatally, which happens in some rare instances, do not terminate in the same way, or at least do not exhibit the same morbid conditions; and that no variety or deficiency of treatment will cause a case of the one kind to assume the character of the other.

I do not, however, mean to imply, that all the cases to which I refer, are capable of being classed under two varieties. Among those which I have characterized as the more mild and tractable sort, we still find great differences in the mode of attack, course, and mode of termination, and also in the degree in which they appear to be influenced by remedies. The object of this paper is to endeavor to contribute something towards determining the nature and extent of the distinctions referred to. With this view I have made an examination of all the cases of croup of every kind which have occurred during the last twelve and a half years, in my own practice, and of this examination I now submit the results. Upon certain points relating to the severer form of the disease, I have included the examination of a number of other cases, extending over a period of twenty-five years, witnessed partly in my own practice, partly at dissections, and partly in consultations.

It should be first observed, that, in noting cases in order to this inquiry, I have set down as croup, all those which in the common language of the profession are included under this name—viz., all those which, at any stage of their progress, present a fair question of diagnosis; all those in which is heard that shrill, sharp, ringing cough, which is regarded as the cough of croup, accompanied by a distinct embarrassment of respiration, however slight, and by some affection of the voice. It follows of course, that many very slight cases must have been included among those on which these remarks are founded—cases which yielded or subsided almost at once. Yet it is right that these should form part of the materials of our examination. When we are in search of means of diagnosis, our attention should be directed to all those cases which have, at any period of their progress, exhibited symptoms that give rise to a well-grounded suspicion of their character. Although many cases which excite the apprehension of severe croup on their first attack, pass away very readily, and by their result show themselves to have been of very moderate severity; yet, on the other hand, it is to be recollected, that many cases, which at last terminate fatally, do not, at their beginning, exhibit symptoms at all more severe, or excite apprehensions at all more serious, than those which have so readily subsided.

Of the cases to which this inquiry relates, that occurred during the period extending from Jan. 1830, to July, 1842, the number is 131. For the convenience of examination, these may be divided into four classes. I do not intend by this arrangement to express the opinion that they constitute four distinct diseases. I would not even be understood to assert positively, with our present amount of knowledge, that they are not different manifestations of the same disease. The purpose now is to speak of them as groups of cases distinguished by certain differences in their symptoms and course, which may or may not be connected with an essential difference in their nature. These classes may be designated, with a view to their probable character and for the purpose of referring to them more intelligibly, by the terms membranous, inflammatory, spasmodic and catarrhal. Of the whole number there were:—

	Cases.	Deaths.
Of Membranous Croup	22	19
Inflammatory “	18	0
Spasmodic “	35	0
Catarrhal “	56	0
	<hr/> 131	<hr/> 19

In the first class are included those cases in which there is reason to believe that a false membrane has been actually formed, lining the larynx and trachea.

In the second class, those cases in which the symptoms are for the most part, of the same character as in the first, but in which there is reason to believe that no membrane has been formed. The grounds for the opinion formed of the nature of these two classes will be stated subsequently.

The terms applied to the third and fourth classes, require no particular explanation.

The symptoms on which we depend for the diagnosis of croup, relate to the cough, the voice and the respiration.

In the early stage of the first form of croup, the cough is by no means peculiar. In the advanced, it assumes a somewhat different character. In the early period it is sharp, shrill, ringing; it does not vary from that which we hear in the other forms, except perhaps that in some of the less formidable cases it is much louder and more violent at the beginning, than it is in those which prove ultimately more alarming. In the latter period it becomes less loud and ringing, but is equally sharp—it often becomes almost inaudible, bearing the same relation to a common cough, that a whisper does to the common voice. The cough, then, af-

fords no certain means of distinguishing this form of croup at that period of it in which the diagnosis would be most valuable.

Of the state of the voice, nearly the same remark may be made. In the advanced stage of a case it is sufficiently characteristic. It becomes a sharp, and almost inaudible whisper. But early in the disease it is not always affected at all; and, if it be, cannot with certainty be distinguished from the hoarse voice of common catarrh.

The condition of the respiration affords us far more important information. In the early period of the disease, however, when we most need means of diagnosis, it is not a symptom which always attracts attention, even from the physician; much less from others who are around the patient. The common description of the breathing in croup, does not apply well to the beginning of the membranous variety. It seems rather taken from cases of a less dangerous kind, in which the breathing is from the first, loud, harsh, suffocative; attended with great efforts, and much loud coughing; creating great alarm, and calling at once for efficient means of relief. But the breathing in membranous croup does not excite attention in the very commencement of the disease. It is comparatively quiet and unobtrusive. Its true character is not at once to be detected, but only by a careful and accurate observation. The patient has not the ordinary aspect of difficult breathing; in fact, the breathing is not difficult at the very first. He probably experiences no distress. There is no real deficiency in the performance of the function, and no obvious embarrassment. There is only a little more effort in drawing in the air, and a little more force exercised in its expulsion, whilst the amount of air admitted and expelled is fully equal to the necessities of life. This perhaps would not be noticed on a casual glance at the patient, but will be at once perceived on attending to the muscular movements subservient to the function, which are—to use an expressive French term—somewhat exalted. It is indicated very soon, also, by a slight dilatation of the nostrils, and a little whiz or buzz accompanying the passage of air through the rima glottidis. This sound is distinguished either by placing the ear near the mouth of the patient, or by applying the stethoscope on the back of the neck, or directly upon the upper part of the larynx.

This at its very beginning is the essential respiration of membranous croup, and it affords far more aid in diagnosis than either the cough or the voice. It is not, however, always found as pure as has been described. It is often mingled with, and obscured by, other sounds. Thus the disease is often attended by paroxysms of irregular and spasmodic breathing, accompanied by violent muscular efforts and great distress,

and of course producing other and more obvious sounds than those described. There is often also present in the air passages, either above or below the glottis, a quantity of mucus, giving rise to a constant or occasional rattling, which seems to mask the proper sound of croup. These adventitious sounds, being also as frequently heard in the other forms of croup, are therefore of no service in diagnosis. Generally there are intervals of relief from these superadded symptoms, especially immediately after vomiting or bleeding, but the essential breathing of the disease will be found to be unchanged and unmitigated in these intervals of ease; although the apparent relief may be so considerable as to give rise to strong, but fallacious hopes of recovery.

We occasionally hear, in cases of considerable enlargement of the tonsils, a kind of breathing which closely resembles the early breathing of croup. Usually in such patients the respiration is loud, sonorous, unequal and irregular, but in a few it is quiet, steady, with a muscular effort occasioned by a mechanical obstruction like that in croup. The distinction between them can, however, be readily made, by attending carefully to the seat of the obstruction, which is above the rima glottidis in the one case, and at it in the other; by the sound of the cough and voice, which are not croupy, and by the fact that the obstruction varies in degree and sometimes vanishes, with change of position.

I have endeavored to describe this respiration as it exists in its slightest appreciable degree, at the earliest period of its manifestation. As the disease advances, it becomes very strongly marked, whilst the condition on which its peculiar character depends, viz. a mechanical narrowing of the orifice through which the air passes, becomes much more obvious.

The muscular effort, in the latter stage, becomes very strong, both in inspiration and expiration. During inspiration, whilst all the muscles concerned in it are in the highest state of activity, the mechanical impediment against which they act, is often strikingly displayed by the falling in of the soft parts about the neck and clavicles, at the epigastrium, and between and along the lower edge of the ribs—the air not passing in through the narrowed opening of the glottis so rapidly as the dilation of the chest by the increased muscular effort would render necessary. The expiration is chiefly characterized by the amount of force employed to expel the air. In health the expiration is easy, and accompanied by little effort. Where there is no unusual obstruction, the mere tendency to collapse of the lungs would be sufficient for the expulsion of the air, as we see in the dead body; so that the walls of the chest have merely

to follow up this contraction, without adding to its force by any muscular effort. But in croup, this is not enough; and we often find that the air is blown out forcibly against the mechanical resistance occasioned by the disease. We find the same strong contraction of the muscles concerned, especially of the abdominal muscles, which is observed when air is blown out forcibly through a narrow passage.

This is the proper breathing of croup; becoming more and more intense as the disease approaches its termination, till the whole life of the individual seems, as it were, to concentrate itself in this one effort. The patient in this extreme condition seeks, by a multitude of changes of place and position, to find some alleviation of his agony; the cough, and with it the voice, have become nearly extinct; and his inarticulate appeals and beseeching looks for relief to those from whom he is accustomed to look for it, constitute one of the most touching scenes which we are called upon to witness in the practice of medicine. Happily the extreme suffering usually, though not always, subsides towards the close of life, and death takes place at last with comparative ease.

In the advanced stage of croup, the breathing is often modified by circumstances other than the mere mechanical obstruction at the upper part of the larynx. After a certain period the false membrane is in some places separated from its adhesion to the mucous surface, by the secretion of pus. The passage of air to and fro, and the efforts of coughing, detach it partially from its adhesion, and break it up more or less into shreds, which however still adhere at one of their ends. These rugged portions of membrane, mingled with the pus, move up and down the air passages, causing some variety in the sounds and also in the actual difficulty of breathing. Death is sometimes very suddenly produced by a collection of this material into a mass which becomes impacted in, and thus plugs up, either the upper or lower part of the larynx. This at least, from the state in which the parts are found on dissection, would appear to be the mode in which death takes place.

The respiration may also be modified in croup from a congestion or inflammation of the lungs, which occasionally supervenes. The embarrassment of respiration has also sometimes appeared to be increased by an accumulation of air in the lungs, which arises from a deficient balance between inspiration and expiration. Owing to the greater ease with which we can make extraordinary and continued effort of inspiration than we can of expiration, a greater quantity is admitted than can be readily expelled, before the suffocative feeling of the patient impels him to a new effort for relief.

But although there may be a combination of the respiration of this disease with that produced by other affections of the throat or lungs, yet the respiration of croup is in its nature and character essentially distinct from them. In them the difficulty of breathing and the unusual muscular effort, may arise from a variety of causes, producing great varieties in the modes of dyspnoea; in croup, the one essential condition is the mechanically contracted state of the passage through which the air passes, and all the peculiarities of the dyspnoea proceed from this condition. In one particular, the breathing of asthma resembles that of croup, viz., in the intensity of the effort by which the current of air is made to move in both directions against a mechanical resistance; but the point of the resistance, and consequently the other circumstances of the function prevent the resemblance from extending to other points.

The *first* form of croup, then, is distinguished by the cough, the voice, and by a peculiarity of the respiration which I have attempted to describe, and which, for the sake of distinguishing it in this essay, may be called *intense*.

In the cases of the inflammatory croup, which constitute the *second* form of the disease, the condition of the voice, cough and breathing, are precisely the same as in the cases of the first class. There is no certain way by which, so far as these symptoms are concerned, cases of the one kind are to be distinguished from those of the other. The cases enumerated among the second class, were of all degrees of severity, but not one of them was fatal. Cases, however, of croup which terminated fatally, and in which no membrane was found on dissection, are recorded upon the best authority. To those we shall have occasion to advert hereafter. In addition to the symptoms proceeding from the character of the cough, voice and respiration, I have noted, in a few examples of this form of the disease, a tenderness of the larynx on pressure.

As cases of this class are then usually favorable in their termination, whilst those of the first are usually fatal, the diagnosis between them, in the early stages especially, becomes of very great importance, both as regards prognosis and treatment. Of the means by which this distinction may probably be made, and of the grounds for believing these two to be essentially distinct diseases, and not different states or conditions of the same disease, I shall take occasion to speak, after considering the other two classes which have been enumerated.

The *third* includes certain cases which are generally designate as *spasmodic croup*, and sometimes as *spasmodic asthma*. The attack is always

sudden, and usually occurs after the subject has been, for some time, asleep. Very often it occurs in the evening, during the first sleep of the child, before its parents have retired to bed; but perhaps as frequently at a later hour of the night, or very early in the morning. The patient wakes in great distress for breath. His inspiration is attended with great effort; it is loud, ringing, shrill, somewhat resembling the hooping inspiration of hooping cough, but louder and more sonorous. The expiration is comparatively quiet and easy. The voice at the same time, is hoarse and broken, and there is a loud, hoarse barking cough which closely resembles that of the preceding kinds, and indeed alone, would not serve as a mark of distinction from them. These cases seem occasionally to arise from indigestion; but more frequently we can trace their occurrence to cold, especially as they have been often preceded for a few days by symptoms of catarrh. When left to themselves, they will usually subside spontaneously, but from their suddenness and violence, they cause great alarm, and call for immediate assistance. They rarely fail to yield to an emetic or venesection, leaving behind them for a longer or shorter period, rarely for more than twenty-four hours, some hoarseness and some degree of the croupy sound of the cough, with a little huskiness or stiffness of breathing. At no period is there any proper *intensity* of respiration.

These cases, from their suddenness, the time of the attack, the great violence of the first symptoms, and the consequent alarm which they create, produce a stronger impression on the minds of common observers, and even of many practitioners, than those of the other kinds. This mode of attack is most closely associated in their minds with the term croup; and it is regarded as tending, if not checked, to terminate in the same state of things with cases of the first class. So far as the cases before us are concerned, however, this never happens, and of the whole number included under this examination, no one proved fatal.

The fourth class includes cases not falling under either of the above, and yet frequently presenting a very close resemblance to them. The subjects usually exhibit at first the symptoms of common catarrh. After a few days, the voice becomes hoarse; the cough becomes croupy, and there is tightness, oppression, and some approach to the croupy sound of respiration; there is, however, no intense or exalted action of the respiratory muscles, and no indication of that mechanical impediment to the current of air which exists at the rima glottidis in the two first forms of the disease. Still the resemblance is sometimes quite close enough to cases of the same forms, in their earlier stage, to occa-

sion some anxiety, and there is also sometimes a sudden attack of dyspnoea, with loud, shrill and sonorous breathing, which imitates the symptoms of the third form, and is perhaps to be regarded as an attack of the same kind.

The cases of this form yield gradually, the croupy character wearing off in a few days, and leaving behind simply catarrhal symptoms. I suppose them, from the mode in which they come and go off, to be properly a catarrhal inflammation of the mucous membrane covering the organs of voice. We frequently observe that the catarrhal affection of the same membrane which occurs in the first stage of measles, is accompanied by the same croupy symptoms as those which have been now described—going off with the other catarrhal symptoms. In a few instances the attacks of this form of croup have terminated in severe bronchitis, or in inflammation of the lungs themselves. But among the 56 cases included above, there was no one fatal.

Having thus described these several forms of this disease, and stated in general what seemed to be their nature, the question now arises as to the justice of the distinction which has thus been assumed to exist. Is there any sufficient ground for such a distinction? Are these different cases different diseases? Are not the favorable ones, which constitute so large a proportion of the whole number, similar in their nature to the more severe; but either of less severity in their origin, or else modified and controlled in their course, by the influence of treatment? These questions it is obviously of great importance, to the prognosis and treatment of the cases in question, to be able to answer correctly. If we can with regard to a large proportion of them, confidently predict from the outset a favorable issue, the practitioner and the friends will be saved much unnecessary anxiety, and the patient many annoying and debilitating remedies.

I proceed, therefore, to state the grounds for a belief that the first form of croup is a disease essentially distinct from all the others, and that it depends on a peculiar pathological condition to which they have no tendency. Whether there be any equally marked distinction between the other forms, it is not of the same practical importance to determine; and as we have no sufficient materials for a satisfactory inquiry into this question, our attention will be confined to the evidence for the distinct character of the first form.

Every physician is familiar with an affection of the throat, both in adults and children, consisting in an inflammation of the mucous membrane, of that peculiar character which produces the effusion of a layer of coagulable lymph, or false membrane. The connection of this affec-

tion of the throat with croup, was long since pointed out; and it is well known to practitioners among us, that this complaint, known familiarly, though inaccurately, under the name of "ulcerated sore throat," often accompanies or is followed by croup, and that croup thus connected is peculiarly fatal in its character. This circumstance in the history of croup, was many years since strongly impressed upon my mind by an eminent practitioner in this neighborhood.* I was in consequence led, in all cases of croup, subsequently to this period, to make a careful examination of the fauces, with the view of determining exactly the extent to which this visible affection of the throat was connected with the more important disease.

Two causes prevent the completeness of these observations. We are very apt, in making record of cases, especially of those which appear of a slight degree of severity, to omit the *noting* of negative facts, even when they have been actually the objects of attention. Hence, although I have very rarely failed to examine the fauces in any case of supposed croup, I have often in the lighter cases, and sometimes in the severer, failed to note their condition. The second cause of incompleteness is the impossibility in some patients, from their terror and consequent resistance, of getting such a view of the parts as would authorize us to pronounce decidedly what their state is. Notwithstanding these circumstances, the state of the throat has been noticed and recorded in a sufficient number of cases, to afford very fair materials for inference.

With a view to this examination, I may include a considerable number of other cases, besides those which constitute the particular subjects of inquiry in this paper, which have been noticed at other times, or in the practice of my friends. Including these cases with the 22 above referred to, I have memoranda, more or less complete, of 39 cases of what I have denominated membranous croup. The state of the fauces was observed and noted in 33, and of these, in 32 a false membrane was present; most frequently, and sometimes only on the tonsils, sometimes on other parts also, as the palate, uvula and pharynx. In one case, no such membrane was present; but it was found to exist in the larynx after death. In 3 of these 33 cases, recovery took place; all the others were fatal. In 14, an examination was made after death, and the usual appearances were found to exist in all of them.

On the other hand, I have memoranda of 109 cases of what I have classed as the other forms of croup, and of these the state of the tonsils

*Dr. William J. Walker.

and fauces was noted in 45. In no one was there such a condition of the parts as was found to exist in the membranous form. In 3 cases there was indeed a thin, slight exudation on the tonsils, of the color and appearance of starch, like that which is sometimes seen on the edge and surface of the tongue. This I apprehend to be a formation of an entirely different nature from that which exists in the other class of cases. Of the 45, 12 were of second, 11 of the third, and 22 of the fourth class.

From this statement, it seems probable that the appearance of a false membrane upon the tonsils or other visible part of the throat, in a case of croup, may be regarded as a pretty certain diagnostic sign that it is the membranous form of the disease; and its absence as a pretty certain indication that it is one of the other forms. Still there will be exceptions. There will be cases in which the membrane is formed in the larynx, although it has not appeared in the throat; and there may be those in which a membrane exists in the throat, unaccompanied by a similar condition of the air passages. Of the former I have recorded one example; of the latter, none. How frequent such exceptions will be, must be determined by more extensive observation. If they are not more frequent than they have been among the cases here recorded, the observation of this symptom will afford a sufficient safe guide, since of 75 cases in which it was looked for and the result noticed, it failed as a diagnostic sign in but a single instance.

The question now presents itself, what are the grounds for believing that the two forms of the disease which I have distinguished as membranous and inflammatory, are not the same in different degrees or in different stages? and may not pass one into the other? The grounds are—

1. The very great preponderance of fatal results in the membranous croup, and a similar preponderance of recoveries in the inflammatory, and the evidence which exists that in the few cases of recovery from the former, the membrane has been formed, and in the few cases on record of death from the latter, that a membrane has not been formed—afford strong reason for believing that the diseases are essentially different.*

*No fatal cases having occurred of inflammatory croup under my own notice, I am happy to be able to avail myself, in support of the views above taken, of an account of four such cases, contained in the first volume of the *New England Journal of Medicine and Surgery*, by James Jackson, M. D., formerly Professor of Theory and Practice of Physic in Harvard University. The symptoms in

2. The formation of a false membrane does not seem to require either an advanced stage or a very intense degree of the inflammation from which it proceeds. It is rather the result of a peculiarity in the kind of inflammation, than of any period or degree of it. It appears to be a very early product of the inflammation, if it be not indeed almost contemporaneous with it. It resembles in this respect the similar effusion taking place on the serous membranes, which in them occurs very

all these cases were unquestionably those of croup. In one of them bronchotomy was performed.

In the first case, "the mucous membrane of the larynx was much inflamed, and smeared over with a quantity of loose mucus, but without any false membrane. The inflammation extended into the trachea as far as could be examined without opening the chest."

In the second case, "the appearances of the larynx were the same. The lungs were fuller of blood than usual."

In the third case, "there was not any coagulable lymph, the mucous membrane was highly inflamed and swollen, and the rima glottidis was very much narrowed. The membrane was smeared over with a thick mucus."

The fourth case I give at length, in the words of the author :

"I was called to this on Sunday, July 5, 1812, at 3 o'clock P. M. The disease had commenced 20 hours before, and was very strongly marked. The symptoms were considerably mitigated after vomiting. I tried in vain to take blood; the child was very fat, and the veins were all hidden, even the external jugular. The respiration grew bad again before morning, but the patient lived till the next morning, the 7th, so that the disease continued two days and a half, or 60 hours. I 8 hours after death, Dr. Bigelow examined the body, and the following is his report of the appearances : "The trachea with the larynx was removed. The whole tube was previous as usual, excepting the presence of a large quantity of mucus of the ordinary consistence. On dividing the larynx and trachea at the posterior side, and exposing the internal surface, the mucus being removed, a number of distinct red spots were discovered, of considerable size, on the lining membrane. One of these was immediately below the glottis. Between the mucus and the lining membrane there was no factitious substance whatever, nor any appearance the least resembling the membranes which I have seen formed in some other cases of croup. The lungs were not examined."

"In the other cases I had thought it possible that the disease had not continued long enough to allow the effusion to take place, as the patients all died in less than 48 hours from the attack. But in the last case such a supposition cannot be admitted; for I have in my possession a preparation in which the false membrane is exhibited in great perfection, and this came from a patient of Dr. Channing which I had seen with him, and in which death had occurred in about 30 hours after the seizure."

The history of these cases, especially with the authority upon which they are recorded, affords very satisfactory evidence of the existence of a class of cases like those which have been above described, of a disease with the symptoms of croup, but without the formation of a false membrane either in the air passages or upon the visible parts of the throat.

early, and has ever been supposed to be the first act of inflammation. In the common inflammation of the tonsils which is accompanied by this symptom, a layer of lymph is observed to be effused over the surface of the part as soon as any signs of disease exist.

3. The circumstances attending recovery from simple inflammatory croup differ materially from those which accompany recovery from membranous croup. In the former the amendment is rapid and speedily completed. There is left behind only a moderate soreness of the larynx, and, in the worst case, some hoarseness. There is at no time any copious or solid expectoration. In the latter, recovery is slow, unequal, and accompanied by phenomena which must necessarily attend the separation of the membrane, and the process through which the diseased mucous surface must go in order to its restoration to a healthy condition. The natural cure of the disease takes place by the occurrence of the suppurative inflammation upon the diseased surface, by which the false membrane is thrown off, and the mucous membrane then gradually returns to its natural state. In examinations after death, we usually find that this process has begun in the trachea, the membrane being there separated and often broken up into shreds, whilst the inflamed surface is covered by a layer of pus. Above in the upper part of the larynx, around the glottis, the false membrane usually remains closely adherent. It is obvious that recovery might always take place, could the parts be spared long enough from their functions to go through the necessary steps—and it is also obvious when it does take place, that it must be accompanied by a copious expectoration of pus, and of the membrane either in pieces, if firm enough, or else broken up and partially dissolved by the pus. Now these appearances do not accompany recovery from even the severest cases of the inflammatory croup, whilst they do accompany recovery from well-marked cases of the membranous form.

Of the three cases of membranous croup which are noted as having recovered, there are but two of which I have such an account as would justify me in presenting them as fair examples of the processes through which the parts pass in recovery. These were both of the most decided character, and had arrived at that stage of the disease in which we expect a fatal event to occur almost from hour to hour. In the first of them, six days elapsed before any sensible mitigation of the symptoms, and even then the progress to recovery was very slow and apparently doubtful. Improvement was attended by a copious muco-purulent expectoration, in which it is true no large pieces of membrane were ever detected, but of such a consistence and appearance as would favor the

belief that the membrane had escaped in a comminuted or partially dissolved state. After the probable removal of the membrane, there was for some days a bloody expectoration, the voice did not return, and it was indeed many weeks before it resumed its natural tone.

In the second case, a considerable portion of the membrane was spit up in a tubular form, after a violent fit of suffocative cough, and this was followed by the rejection of smaller pieces, mixed with a mucopurulent, at first, and then a bloody expectoration. There continued an entire loss of voice for more than a week, and for at least ten weeks after recovery, it had not regained its natural tones.

The contrast is very striking between the protracted character of these recoveries, and the speedy return to health of all those who labored only under the other forms of the disease, however severe.

The observations to which the preceding remarks relate, were all made in this city and its immediate neighborhood; how far they correspond to the disease as it appears in other places, must be left to others to judge. So far as they go, they appear to me to justify the following conclusions:

1. That the only form of croup attended with any considerable danger to life, is that which is distinguished by the presence of a false membrane in the air passages.

2. That the existence of this membrane in the air passages is in a very large proportion of instances, indicated by the existence of a similar membrane in the throat.

3. That this affection differs not in stage or degree, but in kind, from all the other cases which are commonly known by the same name, and that the latter have no tendency to become converted into or to terminate in the former.

As my intention has not been to write a complete history of croup, I have omitted all such notices of the symptoms, cause, morbid anatomy, &c. of the disease as have no direct bearing on that point in its character which it was my desire to illustrate. It may not be amiss, however, to record, in connection with this paper, a few circumstances with regard to its history, which have been incidentally determined from an examination of the cases before us.

Croup is often regarded as a disease which attacks suddenly and violently. This is only true of the milder forms. Genuine or membranous croup is commonly rather gradual in its approach, and consequently often insidious. It supervenes often on the common sore throat of children; and in such cases, though its development is frequently rapid and apparently sudden, yet a careful examination of the past history of such a case will generally satisfy us, that although it may have had a sudden

outbreak of violence at the time it was supposed to begin, yet that it had really been coming on for several days. Of 30 cases in which I have had an opportunity of determining the mode of attack, in only two could it in any proper case be called sudden, although in many, the attention of friends was called to it quite unexpectedly, by a rapid increase in the violence of the symptoms. A sudden and violent attack is, therefore to be regarded as affording a favorable indication of the character of the case in which it occurs. The unexpected manner in which croup sometimes steals upon the common sore throat of children, should lead always to the careful inspection and watching of such cases. It is true that but a very small proportion of them do terminate in this way; but as it is the only considerable source of danger, and the only way in which they are likely to have a fatal termination, the possibility of such a course of things should not be overlooked. No case of this kind can be regarded as entirely safe from such a result. The danger is even not confined to childhood. Two of the above-named cases of fatal croup, occurred in females of 12 years of age, in which it had supervened on this affection of the throat.

The membranous croup also sometimes occurs as a sequel to the affection of the throat in scarlatina. The most common primary affection of the throat in this disease, is of the same kind with that denominated the ulcerated sore throat, viz., an inflammation, with an effusion of false membrane upon the parts inflamed. When croup supervenes upon this, the case is usually very rapid and invariably fatal. Of the cases above enumerated, two were of this character. A third occurred to me, not enumerated among them, in which there was no symptom of croup during life, the patient apparently dying from affection of the brain, but in which the usual appearances of croup were found after death. The subject of this was a young man 17 years of age. These cases all occurred between eight and ten years since. None have been observed during the more recent periods of the prevalence of scarlatina.

Croup varies considerable in its duration; I mean its duration after its characteristic symptoms are fairly developed and there is reason to believe that the membrane is formed. Of 23 cases,

1	continued	1 day	from distinct croupy symptoms.
6	"	2 to	$2\frac{1}{2}$
9	"	3 to	$3\frac{1}{2}$
3	"		4
1	"		5
1	"		9
1	"		11
1	"		19

Nineteen cases, or more than three-fourths, therefore, were of four days duration, or less. * * * *

II.—*Treatment of Croup.* Read before the Boston Society for Medical Improvement, by JOHN WARE, M. D., Nov. 11, 1844.

The history of the case of croup reported at the last meeting,* which I had an opportunity of witnessing during its progress, has confirmed me in an opinion I have, for some time, been disposed to entertain, that the methods of treating this disease in common use, require a careful reconsideration. This opinion is connected with, or perhaps has proceeded from, certain views concerning the distinctive character of various forms of disease which ordinarily are included under this one common appellation, and which I have formerly communicated to the Society. It is not too much to say, that the received mode of treating these cases, which, so far as I know, is very much the same for all their varieties, has come down to us by a sort of tradition from our predecessors. It is true that in single cases and by particular individuals, there have been occasional variations from the established practice; still in the main, emetics and bleeding, blisters and calomel, have been the principal remedies. The depleting, reducing and perturbing methods is that on which dependence has been chiefly placed.

That this treatment may be applicable to a very considerable proportion of the cases which pass under the common denomination of croup, I am not prepared to deny. Those which in a preceding communication have been classed as inflammatory, spasmodic and catarrhal, certainly recover under its influence, and apparently with greater speed than if left entirely to the resources of nature. So far as my experience has gone, however, it has appeared to produce no impression upon those in which there is satisfactory evidence that a membrane has been formed.

These cases, I should repeat the opinion expressed in the paper just referred to, are essentially of a distinct nature from the others, and constitute but a small proportion of those which are usually regarded as croup. They are not aggravated cases of the same kind as the others—cases which have gone on to an ulterior stage of disease—but in

*This was the case of a child with membranous croup, communicated by my brother, Dr. Charles Ware, of this city, in which the anodyne treatment was mainly employed, and in which the membrane was separated and thrown off. Everything promised favorably for recovery so far as croup was concerned, but the patient died ultimately by the rapid supervention of inflammation of the lungs.

their origin and conception different. The inflammation which is essential to them is peculiar in its character; the effusion of false membrane is not the result of an advanced stage of it, but is one of its early results—is perhaps the first visible act of its existence; as there is much reason to believe that it is of serous membranes. It has been common to describe the stage of effusion in croup, as preceded by one of longer or shorter duration—a formative stage. If I am right in the views taken of the character of the disease, this distinction is made by making up its history from different sets of cases—going to one for the history of the first stage, and to another for the history of the second. The same confusion of diagnosis has given also an apparent success to means used for treatment. Where all the different cases which have been referred to, are grouped together as examples of the same disease in different stages or degrees, the proportion of recoveries will not appear discouragingly small. If we were to class together, as cases of consumption, all those in which there was cough and expectoration, as is done by those who profess to cure this malady, we should have no reason to be disheartened with regard to its curability; and, in the same way, so long as we class all cases together as croup, which have a croupy cough and some difficulty of breathing, the amount of mortality will not be greater than in other acute diseases of children. A more accurate diagnosis will, I am convinced, put an end to our complacency on this point. Membranous croup unquestionably does sometimes come to a favorable termination; but recovery is comparatively so rare, it forms so much the exception, that, admitting the distinctive character of the disease, it is difficult to conceive that the treatment has anything to do with the recovery. Where, under any given method of treatment, but one case out of six or eight recovers, one must be very sanguine indeed to attribute much influence upon the result to the remedies.

The question then properly arises—if the mode of treating croup commonly adopted does no good, are we sure that it does no hurt? This is a question we are far too unwilling to put to ourselves. What will happen if nothing be done? This should always be the first thought of the physician, in each individual case. Till he knows this, he cannot know with certainty what effect his treatment has; and just in proportion to the amount of his knowledge of the natural history of disease, and of the time and mode of its natural termination in recovery or death, will be his power of judging of the influence of treatment upon the result.

Now when we examine the cases of recovery of membranous croup which actually take place, and compare them with the condition of the parts in those which are examined after death, we find very clear evidences of a tendency in the disease to go through a certain course of changes which will terminate in health. The false membrane is effused, and, at the same time, the mucous membrane is thickened and congested. After a time, a process of suppuration is established upon the surface of the mucous membrane, underneath the false membrane, which of course separates the latter from the former, so that it lies loosely upon it, whilst between them is a layer of pus. If the membrane thus thrown off be thick and strong, it is expectorated in distinct pieces, sometimes of a considerable size; if it be thin and less firm, it is either converted partially into pus, or else is broken up into smaller shreds and mixed with the pus so as not to be distinguished from it, except by very careful examination, and thus it is all gradually thrown up. The diseased membrane does not free itself from the false membrane over its whole surface at once. Those portions from which the false membrane has separated, are left in an inflamed and irritable state—the expectorated membrane and pus are often tinged with blood, probably from the fact that by the violent effort of coughing some portions are torn off from the mucous surface before the purulent process had effected a complete separation. The cough, then, with more or less expectoration, and a hoarseness, in some cases amounting to an incapacity for speaking except in a whisper, continue for some time—the affection of the voice for several weeks. The parts are at length, however, perfectly restored.

In cases which prove fatal, we find evidences that the same succession of changes is taking place; that an effort has been making to bring about the same result. It is in fact from the examination of the progress which has been made in fatal cases, that we are enabled to judge what is the exact condition of the parts, and what the processes through which they go, in those which recover. Thus in some portions of the organ effected, we find the false membrane very closely adhering to the mucous, whilst the latter is reddened and thickened. This especially occurs at the top of the larynx. Lower down the false membrane is more or less extensively loosened from its adhesion—usually irregularly so—whilst a layer of pus lies between it and the mucous membrane. In some places the effused coat has been entirely separated, and has been either spit up, or else is found loose, enveloped in pus, in some part of the passage; whilst the surface to which it adhered is red, swollen and besmeared with pus. Thus we trace everywhere

distinctly the existence of a process the tendency of which is obviously to bring about recovery ; but death has taken place before it has been completed. It takes place in different steps of the process. Sometimes quite early, before any separation has taken place, the patient apparently dying from the diminished aperture of the air passages from spasm and inflammation. Sometimes later, when the separation has taken place below, but not at the top of the larynx. At other times the membrane separates in considerable quantities, becomes collected into considerable masses, and produces suffocation by being wedged in at the bifurcation of the trachea or at the very top of the larynx. There are other cases in which recovery is also obviously taking place from croup, but in which death occurs from the supervening of secondary disease in the lungs.

Croup, when once established, can then only be recovered from, by going through with this regular course of changes. These are essential to it. When once this process has begun; when the false membrane has been fairly effused, the parts can no more recover without them than the eruption of smallpox can be cut short in its progress. A rational method of treatment, then, is that which will promote the necessary changes. And what do we need ? 1. To prolong life, to prevent suffocation, in order to give time for the required process to be completed by the efforts of the organs themselves ; and 2. To use means which will promote and hasten this process—which will aid the system in the work which she is aiming to perform.

Now are the usual means likely to answer these purposes ? Have they answered these purposes ? That emetics and bleeding sometimes relieve violent turns of dyspnoea, must be admitted ; yet that they actually prevent suffocation in many cases, admits of very great doubt. But do they contribute at all to those changes upon which alone we can depend for actual recovery ? There is no evidence that they do ; whilst on the contrary there is reason to fear that they may interfere with them, may retard them, may prevent them. If, then, these remedies be at best of doubtful efficacy, is it not right, in so formidable a disease, to make the trial whether other measures may not be more successful ? At any rate, if other means are not more successful, they may at least be less tormenting to the patient, and inflict a less amount of unnecessary suffering.

It is to be remarked of the case which has suggested these observations, that the subject of it rejected all remedies, so that it was in fact a case left very much to the resources of nature. Still, so far as the morbid condition in which croup consists is concerned, recovery was very

fairly taking place, and would have been complete, except for the occurrence of a secondary affection. I may say also of the very few cases which I have seen completely recover by the expectoration of the membrane, that they were not the subjects of very active perturbing treatment, especially after the first stages had gone by, but were left a good deal to palliatives—to mild, soothing applications. It would seem worth while, therefore, to make the attempt of treating the disease without the persevering use of the heroic remedies by which it has been ordinarily encountered; that we should—not perhaps leave the disease wholly to nature—but trust it at least to such remedies as will not interfere with that regular course by means of which nature is always attempting to give relief.

III.—*Further Remarks on the Treatment of Croup.* Read before the Boston Society for Medical Improvement, Feb. 20, 1845.

Some remarks were presented to the Society, a few months since, on the treatment of croup, including suggestions concerning the management of that form of the disease which is attended by the formation of a false membrane in the larynx and trachea. A case of the disease has since occurred to me, which seems to be worthy of notice in connection with those remarks.

The subject was a male $5\frac{1}{2}$ years of age; of pale and delicate aspect, and slender habit. He had not been perfectly well since an attack of scarlatina, two years ago; since then, he had been frequently liable to colds, with severe coughs. He had enlargement of the submaxillary glands and of the tonsils.

He was first seen on Sunday eve, Feb. 9, 1845. The account given by his parents was, that he had had a cough with a croupy sound—a sound with which they were familiar—for ten days past; but with it no trouble in breathing; that to-day, however, his voice had become hoarse, and that he had several turns of hard, suffocative breathing. The cough and respiration were at this time distinctly those of croup, though at the time of the visit there was no distress. There was false membrane on the tonsils. He had taken an emetic of ipecacuanha and a dose of castor oil.

He was directed to take, once in three hours, $1\frac{1}{2}$ grains of Dover's powder and half a grain of calomel—to sponge the neck frequently with warm water, and to apply to it this liniment—R. Olei oliv., 3j.; aquæ potass., 3ij.; ung. hyd. fort., 3j. M.

Feb. 10th.—The night had been easy upon the whole, though there had been several turns of distress. During one of these he took two

drachms of wine of ipecac., with free vomiting. The symptoms of membranous croup were perfectly well-marked, but there was no distress. The liniment was continued, a flax-seed poultice was applied to the neck, and the powders continued every two hours; to be suspended, however, if he became fully opiated.

During the day the voice became quite extinct; and the cough lost the loud and ringing sound which it presents in the early period of this disease. The breathing became more labored, and was accompanied by greater muscular effort both in inspiration and expiration. Still he was not distressed, owing apparently to the influence of the opium. The air entered the lungs well. There was much sound of loose secretions in the larynx and trachea, but no expectoration, except of a little frothy mucus. It having been found difficult to keep the poultices in contact, the parents substituted boiled mullen leaves, which were assiduously applied. At the same time the patient was made constantly to inhale the vapor from a boiling decoction of the same plant, and this was persevered in uninterruptedly for several days.

It is not necessary to follow up a detailed history of the case. These measures were continued without change for several days, i. e., the poultice, the liniment, the inhalation, and the calomel and opium in sufficient quantities to keep him under a moderate narcotism.

On Feb. 12, Wednesday, there had been no distress of breathing; but its croupy character still continued; there had been no return of natural voice; but the sound of the cough had changed, and was like that of common catarrh—quite loose. Through Wednesday and Thursday, there was much rattling of loose matter in the larynx and trachea, and it was coughed up in considerable quantities. Portions of the sputa were mixed with blood, and false membrane was detected in detached pieces enveloped in mucus and pus. One portion of it was of considerable size and distinctly tubular. The fits of coughing, especially when masses of false membrane were ejected, were suffocative, and the sputa were dislodged with difficulty. On Thursday there were still a large thick patch of false membrane on the tonsils. He was occasionally delirious. The pulse were about 120; the respiration varied from 12 to 20, and continued distinctly croupy, though without any distress. He was extremely prostrated.

On Saturday the respiration had lost the croupy character, but there was still a loose rattling sound in the air-passages, and the voice was unchanged. This day, for the first time, he manifested a little appetite, and his tongue became clean. He had continued occasionally to throw up pieces of false membrane.

On Monday, Feb. 17, he appeared perfectly well except as to strength and voice. By considerable exertion he could make a slight approach to proper voice, but for the most part he spoke in a whisper.*

The important point to determine in connection with this case, is, how far recovery depended upon the treatment. The treatment consisted—

1. In the absence of all reducing, depleting, and disturbing remedies.
2. Keeping the patient under the full influence of opium combined with calomel.
3. Constant external application of warmth and moisture, and of a mercurial liniment slightly stimulating.
4. Constant inhalation of watery vapor.

It is too much to say that the recovery in this case was to be attributed, with anything like certainty, to the mode of treatment employed. It may have been only one of those coincidences which so frequently mislead us in studying the effects of remedies. Still, as the expectoration of the false membrane has not been a very common occurrence under my observation, and recovery not universal even where it has taken place, it will be at least useful to notice the circumstances which have accompanied a favorable case.

On the supposition that the successful result may have been connected in some degree with the treatment, I should be disposed to attribute it to the following circumstances :

1. To the absence of all such measures as tend to irritate the parts inflamed, and thus to interfere with the natural process of restoration—especially vomiting. That vomiting gives relief to the paroxysms of bad breathing in croup, will not be doubted ; and so does it give temporary relief to the distress of an inflamed stomach. But relief of a symptom is not the cure of disease, and does not always tend to its cure. It is not in accordance with what we know of the effects of remedies in other inflamed parts, that concussion, motion, &c., should allay their inflamed condition. Vomiting relieves inflammation of some parts, and some kinds of inflammation ; but in this case the parts inflamed are mechanically disturbed by the act, and it has, so far as we can judge, no probable influence upon that peculiar condition which constitutes the disease.

*This patient has had no return of the disease to the present time, March, 1850. His voice was not perfectly restored for many weeks.

2. To the absence of all depressing and debilitating remedies — as bleeding, purging and vomiting, considered in their effects upon the system. Such means may be beneficial when we expect resolution of an inflammation. But where the successful issue of the disease depends upon its going through with a certain course of changes, as in croup, they are as likely to interfere with as to promote them.

3. To the relief of the spasmodic contraction of the rima glottidis, which seems more or less to accompany its mechanical diminution by the effused membrane, and to aggravate very much the difficulty of breathing. It is probably upon the suspension of this spasmodic condition that the temporary relief produced by vomiting chiefly depends, and especially vomiting by means of tobacco.

4. To the influence of external warmth and moisture in promoting the suppurative process, by which alone the false membrane can be safely separated.

5. To the constant inhalation of watery vapor. This may have promoted the separation of the false membrane by keeping it from becoming dried by the constant passage of air—and by rendering it pliable and soft, so as to be easily managed and expelled by the organs in the act of coughing.

These considerations lead to the belief that this method of treating croup is at least worthy of trial. But even should it not prove more successful, it is certainly vastly more comfortable than the ordinary method. The patient, whose case has been recorded, suffered very little after the first day, even before the extrication of the membrane. Indeed, taking the disease altogether, it was not attended by more distress than accompanies the average of the acute affections of children.

IV.—*Additional Remarks on the Treatment of Croup.* Read before the Suffolk District Medical Society, March, 1850.

Since the occurrence of the case described in the foregoing paper, I have had, from various circumstances, fewer opportunities of witnessing cases of croup than in former years, and only five of this form of the disease have fallen under my notice. The three first of these were treated in the method pursued in the case above related.

The first case was that of a male, 4 years old, who was taken with membranous sore throat accompanied by high constitutional irritation, Oct. 14, 1845. No croupy symptom occurred till Oct. 18, when they were manifested in a perfectly distinct manner. On the 20th and 21st, patches of false membrane with bloody sputa were raised—and one

piece of four inches in length. The raising of the latter was accompanied by a severe and suffocative paroxysm of coughing. On the 22d he died, eight days from the commencement of the disease, and four from the access of croup. The suffering in this case was very considerable, but far less than I have been accustomed to witness in cases of croup treated according to the ordinary method.

The second was that of a female, 4 years of age, taken with croup on the 8th of Nov., 1845. No depleting or reducing remedies were employed. Patches of membrane, and one piece of considerable size, were brought up on the 10th and a few following days. She never suffered much, improved steadily, and on the 15th seemed well in all respects except the voice, so that on the 16th I did not see her. On the 17th there was a return of all the croupy symptoms, including the appearance of lymph upon the tonsils, and she died on the night of the 19th, eleven days after the first seizure. During no part of the disease was the suffering from dyspnœa very intense for any continued period.

On dissection, the usual appearances were found, and in one lung the false membrane extended for some distance into the bronchi in the substance of the organ.

The third case was a female, 6 years of age, who was seized with the disease Oct. 31, 1837. The onset of the disease was gradual, yet quite distinct. Nov. 2d, the symptoms had become quite severe, and Nov. 3d there was bloody expectoration and pieces of membrane were spit up. Pieces of membrane continued to be found in the sputa for several days, and she was very comfortable and breathed with tolerable ease, yet never losing the distinct croupy sound of respiration and voice. On the 8th she became rapidly worse, but without distress, and died on the 9th, quite easily, ten days from the first attack of the disease.

It will be admitted, I think, that these cases, especially the two last, exhibited certain differences from the common course of this disease, which indicated a favorable influence from difference of treatment.

In all of them the membrane was thrown up in considerable quantities.

In all of them the disease was attended by very much less distress than is usual in croup, and, in two, there was so decided a mitigation of symptoms following the separation of the membrane, as to lead to considerable hope of a favorable termination.

In two, at least, the disease was prolonged to at least twice its average duration under the usual treatment.

In the two other cases, to which reference was made, the same general course of treatment was followed, with the addition of the introduction of a sponge wet with a solution of the nitrate of silver into the larynx. In each of these cases the application was made as early in the disease as I became satisfied of its distinct character. It was repeated morning and evening. It decidedly gave relief to the breathing soon after each application, and both cases ultimately recovered perfectly. For the suggestion and adoption of this valuable addition to our means of treating this formidable disease, we are indebted, as is well known, to the enterprise of Dr. Horace Green, of New York. The profession, I think, owe to him a large debt of gratitude, for the energy and perseverance manifested in the introduction of this remedy, and I am the more disposed to render this tribute to him because so many attempts have been made to detract from his merit in relation to it.

I am well satisfied from what I have now seen of this method of treating croup, as compared with that which has been followed for so many years, that it has the advantages which were pointed out in one of the preceding papers. It is a disease which I would treat without depletion—except perhaps by a few leeches—without vomiting, without purging, without blisters, without antimonials, ipecac., and all those other nauseous remedies which have been usually resorted to. I would trust to opiates, perhaps calomel, emollients, and the local application of the nitrate of silver.

I ought to add that many of my friends in the profession have informed me of cases in their practice, treated on these principles, which have recovered in a favorable manner. Among them I would refer to Dr. Fisher, Dr. Henry G. Clark, Dr. E. H. Clark, Dr. Buckingham, and my brother, (Dr. Charles Ware,) of this city, Dr. Cotting of Roxbury, and Dr. Spooner of Dorchester.

ART. II.—*Report of two cases of Cephalhæmatomata, with some remarks on Diagnosis and Treatment.* By LEWIS SHANKS, M. D., Memphis, Tennessee.

A description of the ordinary tumor of the scalp in new born children, called *caput succedanea*, formed by effusion of the serum of the blood at the presenting part of the child's head, may be found in most of the obstetrical works, with its proper treatment and ordinary results; but there is a peculiar tumor of the head, which occurs soon after birth, that has not been fully noticed or described by the British or American authors, if at all, by any physician of the United States.

This is probably owing to the rareness of its occurrence. For its description we are mainly indebted to German and French authors. Mr. Adams, of Glasgow, published in the *Northern Journal of Medicine* for December, 1844, some cases of this kind of tumor, with his own views, and those of several distinguished German and French physicians, as to its probable cause, pathology, diagnosis and treatment.

No cases of the kind having been described or reported in the books or journals common among the profession in our country, and the appearance and character of the tumor being well calculated to deceive even the most discriminating, without the knowledge of the existence of such an affection, and lead to a false diagnosis, unnecessary alarm and mal-practice, I present a brief account of a case which lately came under my observation, and a notice of another reported to me.

On the 28th of last November, Mrs. C., living about 15 miles in the country, gave birth to a child after a tedious, but not a very painful, or difficult labour. The child had a simple hair-lip, with an opening in the alveolar process, though not extending into the roof of the mouth.

Two days after the birth of the child, a tumor was discovered on the right parietal bone about its centre. The tumor increased in size for several days, until it attained an antero-posterior diameter of about two and a half inches, and a vertical diameter of about two inches, projecting out about one inch from the cranium.

In this condition it remained, without much change, except becoming more tense, and somewhat more pointed, for near three weeks, when I was invited, by one of the physicians who had been consulted in the case, to visit the child, for the purpose of aiding in determining the correct diagnosis and treatment.

The size of the tumor was described, and its condition from the examinations made of it, as indicating a hole in the centre of the parietal bone, and as being of the character of spina bifida, a grave and alarming affection.

Having never seen a case of the kind, as described by the intelligent physician who asked my assistance in this case, I looked through the books at command, and finally found in the eleventh number of Braithwaite's *Retrospect*, the cases reported by Mr. Adams, already alluded to.

Upon visiting the child about twenty-five days after its birth, I found the tumor described, though not quite so tense as it had been a few days before. The edge or ridge of bone surrounding the tumor was remarkably distinct, rising up with the periosteum and scalp, so as to produce the deceptive feeling of the bony margin of a hole in the skull ;

but upon steady pressure from the edge towards the centre, the fluid could there be displaced so as to feel the bone within the bounding ridge, under the fluid contents of the tumor.

It was, therefore, decided, that there was not a hole in the skull, but that from some cause, the periosteum had been separated from the parietal bone about the centre, where it is less firmly attached, and the effusion consequent upon this separation had widened out, and distended the tumor; and that the vessels of supply, for the rapid growth of bone in infancy, coming from the surrounding parts, to this portion of the bone, had been intercepted by the fluid effused, and therefore the osseous matter was deposited around the margin of the tumor, and somewhat extending up, with the periosteum and scalp covering it, thus forming the sharp and shelving bony ridge around it.

This bony ridge circumscribing the tumor, giving the impression of an opening in the cranium, is the most striking peculiarity, and is of the greatest practical importance in this form of *cephalhæmatoma*, and only requires to be known and understood, to form a correct diagnosis.

Cephalhæmatoma is described by the German and French to occur in three forms: under the aponeurosis, the periosteum and under the cranium separating from it the dura-mater. Of the first variety, Mr. Adams has seen but one case. The third form cannot be positively determined before death.

After deciding on the above case, it was determined to institute no treatment unless the tumor did not subside in a reasonable time. In this expectation, however, we were not disappointed, for without any application to it, in two or three weeks it had entirely subsided.

About a year since, Dr. Frazier had a case very similar to this, though the tumor was not quite as large.

Under the use of greatly stimulating applications, consisting mainly of muriate of ammonia, in about six weeks it was cured, or got well itself.

In the case of Mrs. C. Child, in consequence of the size and continuance of the tumor, there was much anxiety and alarm as to the probable consequences; and before I saw it, a difference of opinion arose among the physicians as to its character and the proper treatment; some regarding it as being really an opening in the bone, and of the character of spina bifida; others, as being novel in its appearance and character, but less grave in its probable results. This difference in diagnosis led to difference of opinion as to treatment. While some were in favor of trusting it to nature, others advocated the more active course of stimulating applications, and also of opening the tumor.

This natural diversity of opinion in a case so ambiguous, is alluded to for the purpose of showing the importance of a knowledge of this variety of cephalhæmatoma; inasmuch as the result of experience in its treatment proves that, let alone, it is almost always in time and by the efforts of nature cured; but cases are reported by Smellie, and others, of death from hemorrhage, resulting from opening these tumors. Caries of the bone and an exhausting and fatal amount of irritation and supuration has also occurred from opening and admitting the air into the cavity of the tumor.

ART. III. — *Occlusion of Vagina.*

The following case is at your service, if you think it worthy of an insertion. Mrs. H., aged twenty-four, of sanguine nervous temperament, was married some time in the fall of 1844. Six months after marriage had suppression of the catamenia for six or eight weeks; during which time complained of none of the first symptoms of pregnancy, such as nausea, etc., and attributed the suppression to taking cold. Her husband called on me for advice; I suggested pregnancy, and requested him to consult his lady again before prescribing. I reminded him of a change in the appearance of the breast; slight pains occasionally in them; the dark circle and white pimples to be seen around the nipple. On his return next day, he informed me that such a thing could not be, and insisted upon my prescribing for the case. I gave him Dewees' preparation of compound tincture of guaiacum, to take, in teaspoonful doses, three or four times a day; to be slightly bled, and to take a hip bath at night. Some two days afterwards, I was called to see her on account of a free hemorrhage from the womb. On my arrival, I discovered at once every indication of an approaching abortion. I immediately bled her, gave her a large opiate, used cold cloths to the abdomen, and enjoined strict rest, in a horizontal position. In the course of two hours the pains subsided; hemorrhage ceased in a great measure; she became easy and quiet, and dropped into a sound sleep. I left her, with directions to repeat the sach. saturni and opium, cold cloths if the hemorrhage returned. Next day I was informed by her husband, that a small ovum was expelled about eight o'clock at night, with two pains only. Three or four day's after she had a chill and fever, succeeded by peritonitis, which continued for several days, and which was promptly arrested by Dr. Thompson, who saw the case regularly. He informs me that occasionally she would discharge shreds of membrane, accompanied by a very fœtid and acrid discharge; and finally, after some

three weeks, the balance of the placenta was thrown off. In the meantime, washes were used, with a view to cleanse the parts, and to correct the discharges. This matter was given in charge to her aunt, who attended to using the syringe regularly. But, in attempting to use it, the lady often complained of its introduction, and would prevent her from passing it freely, so as to produce the desired effect. The consequence was, that the secretions were in part retained, and became so acrid as to excoriate the labia, perineum, etc. Complete obliteration of the vagina occurred within the next two months, for the want of proper attention to the use of the syringe, or failing to comply with the Doctor's directions. Having recovered slowly from this attack, she discovered that the vagina had closed, and that it was impossible to have a perfect congress. She remained in this situation for near three years, when she consulted my friend, Dr. Wm. H. Thompson, who, by an experiment, discovered a *cul de sac* of not more than half an inch in depth; an effort was made, by Dr. Dougherty and himself, to remove it, by cutting through this adhesion by a small delicate scalpel. Although the parts were freely incised, the operation proved unsuccessful by returning again. In the month of March, 1849, she was again placed under Dr. Thompson's care, with a hope that another operation would be attended with more success. A few days after her arrival, I was requested by Dr. T. to assist him in the operation. On my first interview with her, I learned the history of the case for the last five years, and had an opportunity of examining the parts as they were. The labia majora were seen to be perfect in appearance until separated, when a *cul de sac*, one half inch in length, was exposed; embracing simply the labia, nymphæ, and the cicatrices of the coherent mass, clitoris natural, urethra in situ, and natural in appearance. Perhaps, it would be well to remark, that this lady had menstruated regularly, though painful, and of long continuance; and, in coitus, enjoyed it extremely, or as much so as at any time previous to the accident. In examining the *cul de sac*, a small hole or opening could be seen, that communicated with the upper portion of the vagina, through which the catamenia flowed very slowly, and which, no doubt, produced the pain; perhaps from the accumulation in the upper part of the vagina, or, in other words, the flow from the uterus was greater than the small canal would permit to pass, and hence the pain during the menstrual period. The examination through the rectum discovered a thick and hard mass in front, some four inches in length; further up the rectum, a small open space and neck of the womb could be distinctly felt. We placed her upon her back, opposite to a large window, and passed a two bladed

speculum into the cul de sac, which gave us a fair view of it. I then passed a small silver pointed probe, not larger than a small knitting needle, with some difficulty, through the small opening to the upper and posterior part of the vagina, a distance of five inches. We at once determined to take this probe as a guide, and to use a small delicate knife, one-fourth inch wide, round at the point, with two cutting edges. Cutting from side to side, so as to avoid the bladder and rectum, we passed this knife, the first trial, some three inches; it was then withdrawn and carried across the first incision, about two inches deep; a probe about the size of a common straw was passed, with some difficulty, as far as the knife had gone. She was then directed to use this probe three or four times a day, previously dipped in mucilage of elm or sweet oil. The third day we visited her again, and made still further incisions in the same places, and extending them up in the direction of the canal to the womb. Probes of still larger size were then used. Our visits were made regularly every second or third day, and our efforts continued with the knife and probe until we succeeded in passing metallic probes, one inch and a quarter in diameter, through this hard, fibrous mass. The pain attending the cutting and use of the probes was extreme at times; especially when forcing the large probes up the canal or opening. During the time she was under treatment, she lost but little blood; her appetite continued good; bowels regular, with little or no fever occurring; complained of soreness of the abdomen occasionally; periods continued regularly, free from pain after the contraction had been partially opened by the probes.

The time required in breaking up this contraction was upwards of three months. She returned home, with directions to continue the use of the longest probe regularly. In a conversation with the husband of this lady, I asked him particularly in regard to coition. He remarked that he could not at any time pass the contraction, (although she still uses the longest probe,) yet the parts yielded more readily, and permitted an entrance of four or five inches. A single artery was wounded by the knife, which bled, during our absence, perhaps a half pint; plugging the canal arrested it at once.

We intend, at some future time, to make this opening still larger, so as to enable them to cohabit with ease.

H. J. HOLMES.

SPRING RIDGE, Miss., Feb. 3, 1859.

ART. IV.—*Report of four cases of Traumatic Tetanus, treated by Mercurial Salivation, &c.* By ROBERT LEBBY, M. D., Charleston, South Carolina.

On the 12th of January last we were requested to see Mr. ———, reported to be laboring under lock jaw. We found him suffering very great pain about the articulation of the jaws; tension of the muscles of the face and neck, and inability to open the mouth sufficiently wide to admit the handle of a spoon; on any attempt at deglutition, the head would be drawn backwards, with sharp shooting pain passing along the cervical and dorsal vertebræ, through the precordial region, and thence to the right hypochondriac region. The eyes and face exhibited that peculiar expression, which is characteristic of this formidable disease; and the slightest pressure at the præcordium would immediately bring on a paroxysm. The history we obtained of the cause of this attack, was, that about thirteen nights previous he had been severely bruised, and exposed afterwards to very cold, inclement weather, from which he had suffered much, but the stiffness and traumatic action commenced the night previous to our visits.

Ten leeches were ordered immediately to the temples and jaws, and the flow of blood promoted by the application of hot poultices every half hour; mustard poultices to the epigastrium and spine; and the following R̄ sub. mur. hyd. ðij. p. jalapi 3jðj., div. in c., one to be taken every hour, until the bowels are freely opened.

10 P. M.—Leeches have drawn well, poultices saturated with blood; medicine has operated freely; symptoms not much improved; pulse quick and irregular; directed sulph. morphia, gr. vij. aqua ʒi., one-half to be taken immediately, the remainder every hour or two, as may be required, through the night; repeat poultices to the jaw, stomach and spine.

13th, 9 A. M.—Has passed an unpleasant night; pulse quick and tremulous, jaws more contracted; deglutition difficult, and any attempt to swallow even gruel is attended with convulsive jerks backwards, and during the paroxysm the face and neck covered with perspiration; directed sub. mur. hyd. ð., sulph. morphia, gr. iiij., div. in chart. iij; one to be taken every second hour.

1 P. M.—No improvement; has taken two powders; has slept between the intervals of spasms, propped up with pillows; continue powders, and apply cataplasms of mustard and turpentine along the spinal column; no action from the bowels.

9 P. M.—Mr. ——— is quite restless, with frequent jerks upon any effort to swallow; eye-lids contracted; distressed countenance; intellect perfectly clear, but expresses fears of death; cramps of the gastrocnemii muscles. Repeat sub. mur. hyd. ʒss., sulph. morphia, gr. ij. at a dose; legs to be rubbed with mustard, turpentine and laudanum.

24th, 8 A. M.—On our visit this morning found Mr. ——— down stairs before the fire, wrapped in a blanket and propped up in a rocking chair. The night being damp and exceedingly cold, he insisted on being carried down to the fire, (there being no fire-place in his room,) or other conveniences to warm it. There was a slight improvement in his condition this morning, although he had passed a restless night. A little strained gruel was taken with more ease; his jaws still contracted, and when he swallows, his head is drawn backwards; urine scanty and highly colored; sent him sub. mur. hyd. ʒij., sulph. morphia, gr. iv., in four powders, one to be taken every three hours; continue poultices to the jaws and stomach every two hours; Basilicon plaster, with opium, to the spine, and directed him to be carried to his bed.

2 P. M.—Has had repeated paroxysms of convulsive twitches of the lower extremities; great pain in the stomach, passing upwards to the left scapula and along the spine; continue powders, and apply hot spts. turpentine from the nape of the neck along the spinal column.

10 P. M.—Has slept occasionally through the afternoon, but would be aroused by the spasms; has had another movement of the bowels; urine scanty, and of the color of brandy; directed sub. mur. hyd., ʒss., pulv. ip. comp., gr. xv., at a dose.

15th.—Mr. ——— has passed a better night; pulse fuller and more regular; has had less spasms, and at longer intervals; takes his gruel with less difficulty. His breath this morning indicates a mercurial fœtor, gums a little spongy; is enabled by the aid of a spoon-handle to open his mouth about 1-4 of an inch; bowels confined; abdomen hard and tympanitic. Ordered an enema of warm water, salt and molasses, which gave him two copious dark-colored operations.

2 P. M.—Ptyalism established; has had less spasms since last visit; slept through the morning more quietly, and taken a cup of gruel. Ordered poultices continued, and allowed him barley water.

9 P. M.—Has had another movement of his bowels; complains of the soreness of his mouth, throat and back; directed pediluvium of mustard at bed-time, and half an ounce of solution of morphia to be taken immediately after.

16th, 9 A. M.—Mr. ——— has passed a comfortable night, and is decidedly better this morning. The spasmodic twitches of the muscles

have nearly subsided, and takes his nourishment with little or no difficulty. The muscles of the jaws are still rigid, and there is every prospect of a favorable termination of his disease. Directed barley soup through the day.

2 P. M.—Has slept an hour or two this morning, and taken a tea-cup of soup; flow of saliva increased. His mouth can be opened a little more, and uses a wash of warm water and opium.

9 P. M.—Has had an operation on the bowels since last visit; spasms ceased, but complains of great soreness of the muscles, particularly those of the back; directed 1-2 gr. sulph. morphia.

17th.—Has had a good night, slept quietly; mouth and tongue very sore and tender, and suffers severely from every thing he takes.

It is unnecessary to go on with a minute detail of this case; suffice it to say, that he convalesced very slowly, and gradually recovered. During his convalescence, Dr. Cain (the senior Editor of the Journal,) visited this gentleman with me. He continued to do well up to my last visit, 7th February. Since that time he walked to our office several times for a little medicine, and I believe now attends to his ordinary business. This case was thought a very interesting one, and occasioned a great deal of anxiety. A similar instance of recovery occurred a few days since in the practice of my late friend, Dr. James F. Peronneau, of this city, from mercurial ptyalism. Other instances of success, from the same treatment, may have taken place; if they have, I have no information relative to them. One of our most distinguished surgeons, the late Dr. Benj. Simons, often expressed the opinion, that if ptyalism could be effected, tetanus would seldom, if ever, be fatal.

CASE II.—On Friday, 22d February, 2 o'clock P. M., Dr. J. W. Schmidt and myself were requested to see John, the slave of Mr. H., with traumatic tetanus. Dr. S. attended to the summons immediately, and deemed it prudent to take fifteen or twenty ounces of blood from his arm, and administered sub. mur. hyd. ℞ij., p. jalap ℥i., div. in four powders, one to be taken every hour.

6 P. M.—Dr. Schmidt and myself saw John together, and adopted the same course, as in the preceding case, with the addition of a blister along the spinal column, which vesicated well, and was dressed with mercurial ointment and morphia. The disease continued its course without abatement, and our patient died at 1 o'clock, P. M., on Monday, 25th, about sixty hours after our first visit. This case was induced by a splinter of wood in the thumb of the left hand, which had been extracted twelve or thirteen days previously. At our second visit, I made

a deep crucial incision in the thumb, but could discover no traces whatever of the splinter.

CASE III. — On Sunday, 17th March, I was requested to see Jane, the servant of Miss ———, reported to have lock-jaw. On seeing this woman, she complained of great stiffness in the jaws, and inability to open the mouth without pain; slight convulsive action of the upper extremities, with the head drawn slightly forward. Upon inquiry, I learned that she had a tooth extracted in the morning, and returned home in the rain. Administered sulph. morphia, gr. iij.; directed hot poultices to the jaws, and mustard poultices to the epigastrium.

9 P. M.—No improvement; has had several symptoms of cramps (as they were called,) since last visit. Directed sub. mur. hyd., ℥i., sulph. morphia, gr. ij., in two powders, one immediately, and second at midnight; continue poultices.

Monday 18th, 9 A. M.—Jane is somewhat better; has had no return of the spasms of the extremities since midnight; face and jaws stiff and painful; no movement of the bowels; continue poultices, and take sub. mur. hyd., ℥ss., sulph. morphia, gr. i., every two hours.

2 P. M.—Has taken three powders; no improvement in her condition; abdomen hard and painful on pressure, and slight twitches of the muscles of upper extremities; no action of the bowels. Ordered an enema of infusion of senna, oil and molasses.

9 P. M.—Jane has had three operations from the enema; feels better, and her general condition improved; face still stiff and painful; directed hot foot bath of mustard water, and sulph. morphia, gr. i., afterwards.

Tuesday, 19th, 9 A. M.—Our patient is decidedly better this morning; has passed a quiet night; pulse tranquil; complains of no pain, except slight stiffness and soreness of the jaws, and is apparently relieved. Ordered light nourishment and to keep her bed.

9 P. M.—I was summoned to see Jane immediately, as she was very ill. Upon repairing to her bedside, I learned that after my visit in the morning, she had dressed herself and went down into the kitchen by the fire, and remained there until afternoon, with the door open; that while there, all her former symptoms returned; with sharp pains passing through the jaw to the spine, along the spine to the right scapula, thence down the right arm to the finger. Previous to our visit, and while present, the head was drawn laterally to the right side and forwards. Poultices were directed to the face, neck and abdomen, and sub. mur. hyd., ℥ij., sulph. morphia, gr. iii., div. in four powders, to be taken every two hours through the night.

Wednesday, 20th, 8 A. M.—Jane has had several paroxysms through the night, with head drawn laterally forward to the right side, from whence the tooth was extracted; complains of pain back of the neck; continue powders and poultices.

1 P. M.—No material change of condition, and no alteration of treatment.

9 P. M.—Has had no return of spasmodic jerks of the muscles, and complains of much soreness of the neck, running along the course of the right sterno-mastoideus to the inner edge of the right clavicle, thence along the right arm to the end of the index finger. No movement of the bowels; urine scanty and high colored; directed sub. mur. hyd., gr. xv., s. morph., gr. ij., to be taken at a dose; feet and legs to be bathed in mustard water.

Thursday 21st, 9 A. M.—At our visit this morning Jane is decidedly better; complains of sore throat, and says “her mouth tastes as if she had been sucking copper;” perceived on approaching her bed-side the mercurial foetor on her breath; gums tender; has had a small operation about daylight; stomach hard and tender upon pressure. Directed enema of flaxseed tea and molasses, to be repeated in an hour, if necessary, and mustard poultices over the abdomen.

9 P. M.—Much improved; enema has produced two free actions from the bowels; abdomen soft and free of pain; ptyalism slight, but distinct; directed wash of warm water and laudanum, and Æss. p. ip. comp. at 10 o'clock.

Friday, 10 A. M.—Our patient continues better; has had no return of spasms; slight soreness along the neck to the epigastrium; directed sol. morphia, ʒi., a teaspoonful to be taken every three hours; a light nourishing diet; continue poultices to the face.

Saturday, 23d.—Still improving; complains only of the mouth; continue the wash and a generous diet.

Sunday 24th.—Convalescent; bowels confined; directed two tablespoonfuls of oil, and as soon as it operates, a teaspoonful of tinct. Cannabis Indica in a wine glass of sugar and water, every 3 hours.

Monday, 25th.—This woman continues to improve rapidly; all her tetanic symptoms have disappeared, except a slight soreness along the jaw, neck and right arm, to the index finger. Jane is entirely recovered, and is about her ordinary duties.

CASE. IV.—I was requested to see Cudjoe, the slave of Mr. —, on Thursday, 21st March, about 1 P. M. I found him with a dry hot skin; pulse 95; complains of soreness of throat; pain back of the neck, in the region of the third cervical vertebra; stiffness in the articulation of the

jaws. Observing a bandage around his chin, I found a wound about three fourths of an inch in length directly across the symphysis, with callous edges and very dry. I learned that on Saturday night previous, he had fallen on the pavement and cut his chin, had applied a plaster to the wound, and experienced no inconvenience from it until the night previous to my visit. I immediately suspected the forming symptoms of tetanus, particularly as the weather had been cold and rainy during the week, and the boy had been exposed to the dampness. I directed a bread and milk poultice to the wound, and a mush poultice with lard to the throat, jaw and neck. Sub. mur. hyd. gr. xxv. morp. gij., at a dose.

10 P. M.—Feels no better; abdomen hard and painful; has had no operation from the bowels. Directed two tablespoonfuls of oil, and as soon as it operates, to take 1-2 gr. p. morphia.

Friday 22d.—Medicine has operated three times through the night. Soreness of the throat relieved. Stiffness of the jaws partially so. Continue poultices, and take sub. mur. hyd. gr. x., and one hour after a teaspoonful of the tinc. cannabis indica every three hours, in a wine glass of sugar and water.

8 P. M.—Cudjoe is decidedly better; has had one large operation from his bowels; pulse soft and regular; a general moisture pervades the whole surface of the body; stiffness of the jaws relieved, and the wound suppurating. Directed the cannabis continued, while awake, through the night.

Saturday 23d.—Our patient appears entirely relieved of all his unpleasant symptoms; the wound has assumed a healthy hue, and all tetanic appearances removed. Directed the cannabis in 20 drop doses three times a day, with a generous diet, and requested his owner to inform us if any of his former symptoms returned. On the Monday following, his owner called at our office and informed us the boy was up and doing well; the wound was now dressed with simple cerate. Since then we have heard nothing further from our friend Cudjoe, and conclude he has entirely recovered. Ptyalism was not induced in this case.

In reviewing these cases, there can be no doubt, that the two first were decidedly traumatic tetanus. The two last, I have no hesitation in saying, had they been neglected for any time, would have proved as serious as the former. In the third case, the tooth was extracted in the morning. The nerve exposed to a cold damp atmospheric influence, no doubt produced the general irritation, and at once accounts for the rapidity of the case. The individual, I learned, was of an irritable nervous temperament, and had been subject to neuralgic attacks; grant-

ing this to be her general diathesis, the diagnosis was clear, and the subsequent relapse justified the energetic treatment pursued in her case.

The question suggests itself relative to our fourth case: were the symptoms present at our visit, those of traumatic tetanus? The wound on the chin—its indolent appearance, the dry hot skin, the stiffness of the jaws, the pain back of the neck, the dryness and soreness of the throat, and their coming on the fifth day after the injury, after repeated exposure to a cold damp atmosphere—were not to be mistaken, as the commencement of the disease, if not promptly arrested, would soon render our patient beyond the reach of medicine.

ART. VI.—*A case of Spontaneous Evolution of the Fœtus*. By J. S. MITCHELL, M. D., Charleston, S. C.

Messrs. Editors:—As the question of “Spontaneous Evolution” is still an unsettled one, I have thought it would not be uninteresting to your readers to have the following case detailed.

Doctor Denman was, I think, among the first who boldly asserted that it was possible, under an arm and shoulder presentation, to have an unassisted termination of a case; the breech being first expelled. His idea was, that the action of the uterus, long and forcibly continued, so compacted the body of the fœtus as to expend upon it the full force of each returning action. The body, in its doubled state, being too large to pass through the pelvis, and the uterus continuing to act with force upon the inferior extremities—they alone being moveable—are driven down, and thus being forced lower, the body turns as it were upon its own axis, and the breech is expelled as in an original presentation of the same. This idea of Dr. Denman’s was generally received throughout the profession, as the proper explanation, until the publication, in London, of a pamphlet, by Dr. Douglas, entitled “An Explanation of the real process of the Spontaneous Evolution of the Fœtus.” In this essay, Dr. Douglas denies the position taken by Dr. Denman, and remarks that it is impossible for the uterus, while contracting, to act upon a part only of the compacted body, thus forcing it lower into the pelvis, while the other is allowed to recede into a higher position; he goes on to state that the arm, shoulder and thorax are the first expelled, and the nates and head afterwards. This latter opinion, based upon good reasons, appears now to be the one most generally adopted. By an examination of the following case it will be evident, however, that it may happen, as stated by Dr. Denman, viz: that a case, under arm and shoulder presentation may terminate unassisted, by spontaneous evolution, and the breech be expelled first.

On the morning of the tenth of June, 1849, I was sent for to visit Mrs. W., whom I found engaged in her third accouchment. An examination, *per vaginam*, discovered to me a head presentation; the os uteri was slightly dilated, and the pains, though trifling, were frequent. Having other engagements of importance, I ventured to leave with the usual promise of a speedy return. It was not long after my departure, when I was again sent for, and I hurried to the bed-side of my patient, I found, on my arrival, that the head of the foetus had already passed through the os externum, and before I could make any arrangements for assisting the delivery, the remainder of the body had passed out. I quickly placed my hand upon the abdomen, with the view of securing a proper contraction of the uterus, when I discovered there a tumor of sufficient size to excite some suspicions as to the presence of a second in utero. I separated the foetus from its mother, and prepared for further examination, when I discovered that the last effort of the uterus, which had expelled the first infant, had forced down the arm and shoulder of the second. This condition of things did not last long however, for the uterus again contracting I had the satisfaction of *seeing* the arm recede, and the nates, kindly taking its place, protruded through the vulva. I immediately seized it, determined that the capricious conduct of the infant should not again leave me in doubt and anxiety. In due time the nates was delivered, the shoulder and head following in turn. Thus ended favorably to mother and child, a case from which I had a right, under ordinary circumstances, to expect much difficulty; another evidence of the fact that a case, under arm and shoulder presentation, may, by a spontaneous evolution of the foetus, terminate unassisted; the breech being first expelled.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On the use of Gallic Acid in cases of Albuminous Urine.*

By GEORGE SAMPSON, Esq., F. R. C. S., late Surgeon to the Sallisbury General Infirmary.

The mode of treatment pursued in the following cases has been attended with such satisfactory results in the relief of the severe symptoms which often accompany the presence of albumen in the urine, that I feel it a duty to lay the facts before the profession. I have closely watched the action of the medicine in these cases for several months,

but I cannot expect that the small amount of evidence which I am able to produce will create the strong conviction on the minds of your readers that it has done on mine ; if, however, the marked character of the symptoms, and the palpable effect of the remedy should induce others to give it a more extensive trial, and to publish their experience, some benefit will, I think, result from it.

CASE 1.—A gentleman, seventy-seven years of age, of ruddy complexion and good constitution, came to me in April last, complaining of debility, accompanied with frequent and painful micturition, which often interrupted his sleep every half-hour during the night. The pain was principally referred to the neck of the bladder, and along the urethra, and he had only occasional uneasiness in the region of the kidneys. The act of expelling the urine was always attended with very severe pain, and was followed by a sensation of something still remaining in the bladder. The urine in the morning was neutral, and its specific gravity 1.011, in the evening it was slightly acid, and the specific gravity 1.013, but it was always highly albuminous, and became offensive in a few hours after being passed. He had been for many months under the judicious treatment of an experienced surgeon, who had sounded the bladder and ascertained that the middle lobe of the prostate was enlarged.

The first remedy which I suggested was a suppository of opium and hemlock. This was used for a fortnight or three weeks with some relief of pain, but with no other benefit, and it then occurred to me that as gallic acid has the property of speedily arresting the escape of blood corpuscles in hæmorrhage from various structures, it possibly might, if given in large and frequently repeated doses, check the loss of albumen from the blood through the kidneys.

Accordingly, on the 14th of May, I recommended him to take ten grains of gallic acid in infusion of orange peel, every six hours. This he continued to do till the 3rd of June, by which time the specific gravity of the urine had increased to 1.017 in the morning, and 1.019 in the evening ; it had also become moderately acid and decidedly less albuminous. The bladder was also so much less irritable that the patient could retain his water for a period of four and even five hours ; the pain had greatly diminished, he felt stronger, and his appetite had improved. The acid, for some reason, was then omitted for eight or ten days, but the pain again increased, although the quantity of opium in the suppository had been augmented. The patient was therefore requested to resume the acid, which he did, and persevered in taking it until the middle of August, during which time his symptoms progressively

improved, and he declared that he felt himself well. At that time the urine was acid, of a deep straw color, with only the faintest possible trace of albumen, and its specific gravity was 1.019 in the morning, and 1.020 in the evening. Circumstances prevented my seeing this patient again till very recently, when I learnt that he had suffered from a severe attack of diarrhoea, which had reduced his strength, and brought back many of his old symptoms. The urine, however, even under this disadvantage, is, at the time I write, less albuminous than when I saw him first, and I confidently expect he will quickly improve again under the use of the gallic acid.

CASE 2.—A girl, about fourteen, in whom menstruation had not taken place, had complained for more than twelve months of acute and forcing pain whenever the bladder was relieved, which happened every hour, and sometimes oftener. She was plump, with full puffy cheeks, but she had the anxious countenance of a patient suffering from calculus. Exercise always distressed her, and she stooped when walking, as if to relieve the bladder from abdominal pressure. Under these suspicious symptoms I passed, on the 2d of May, a sound, but the bladder was empty; I therefore recommended an opiate suppository, and gave her in succession the citrate of ammonia, *diosma crenata*, quinine, and opium, the mineral acids, &c., but with very trifling benefit. An eminent physician whom she consulted recommended steel, which she took for a time, but this soon disagreed, as several of the other medicines which she had hitherto tried had done. Some relief, however, was experienced from a slight appearance of the catamenial discharge, but in a week or two the distressing symptoms before complained of returned as severely as before. At that time, the 10th of July, the specific gravity of the urine was 1.010 in the morning, and 1.013 in the evening; the urine was loaded with albumen, it was alkaline, and became extremely offensive in a very few hours. After standing for a short time it threw down a heavy sediment of muco-purulent matter, leaving a stratum at the upper surface of the fluid of a pink color, from the presence of blood corpuscles.

Under these circumstances, I determined to administer the gallic acid in ten grain doses three or four times a day, combined with a few drops of the sedative solution of opium, as the pain was severe, and she would no longer consent to use a suppository or injection. The good effect of the medicine was soon visible, in causing a diminution of pain and irritability of the bladder; by the 10th of August the blood corpuscles had disappeared, the urine was clearer, and much less disposed to become offensive. The appetite of the patient was improved, she

slept well, and was not disturbed by the action of the bladder more than four or five times in the night. At this stage of the treatment she went to the seaside, but has continued the use of the gallic acid up to the present time. The urine is now moderately acid, not at all offensive, even on the third day after being passed, and its specific gravity is 1.011 in the morning, and 1.015 in the evening. It is still albuminous, but much less so than at any former period of her illness. On examining the urine by the microscope, the pus globules are found to be reduced to about one-fourth of the quantity present at the time she commenced the use of the gallic acid, and the sediment of the urine has diminished in the same proportion. She can now walk a mile, and even run, without inconvenience; her spirits and appetite are good; and the amendment, which has been progressive for the last four months, is still going on, but there has been no recurrence of the catamenia.

CASE 3.—A young woman, aged twenty-two, pale, œdematous, and extremely debilitated, came to me on account of frequent fainting fits and palpitation. She had no acute pain, but rather an aching sensation in the back and down the legs, from which she had suffered more or less for about two months. The urine was acid, turbid and red, from the presence of blood corpuscles; it was albuminous, and the specific gravity was 1.022. As these symptoms indicated a congested state of the kidney, I advised her to be cupped on the loins, to take the compound ipecacuanha powder with calomel, and afterwards the gallic acid. The first named remedies, however, were neglected, and the acid only was taken, in doses of ten grains, three times a day for a week, when instead of finding all the symptoms aggravated, as might have been expected, the only apparent alteration was, that the water had become clear, and the blood corpuscles had altogether disappeared. This patient did not again call upon me, so that I cannot give any further history of the case; but I have related it so far, for the purpose of showing the action of the gallic acid under different circumstances.

CASE 4.—On the 29th of June last, I was called to see a gentleman seventy-six years of age, who was suffering from excessive weakness and loss of appetite, unaccompanied, however, by pain. He had always been pale, but his appearance then was perfectly anæmiated; his legs were œdematous; he had frequent calls to relieve the bladder, and although some weeks previously the urine had been double the usual amount, it was then moderate in quantity, and entirely colorless; its specific gravity in the morning was 1.008, slightly acid, and highly albuminous. The patient had been gradually declining into this state of health for three or four months, and, regarding it as a natural decay of

constitutional power, he reluctantly consented to try the galic acid for two or three weeks before leaving town. At the expiration of that period, during which he took one drachm of the acid every twenty-four hours, his appearance was more healthy; his appetite had rather improved; micturition was less frequent, and the urine moderately acid; it was of a deep straw color, and its specific gravity had risen to 1.014 in the morning, and 1.017 in the evening, and it contained less albumen. The patient now returned to the country, and I heard nothing more of him until a fortnight since, when he wrote to me to say he had steadily persevered in taking the gallic acid up to the present time; that at first he mended slowly, and with frequent fluctuations, but afterwards his progress became more steady. He concluded his letter by saying, "The water is now of a healthy color, and the bladder is in perfectly good order. The gallic acid seems to have improved my constitution, for instead of taking aperient pills frequently, which for years past I have required, I have not now taken one for months."

Remarks.—I do not presume to draw any general conclusion from so small a number of cases, but perhaps I may be allowed to remark, that during several years I have prescribed gallic acid in a variety of cases, and it has always appeared to me that it has been usually given in too small doses, or has not been repeated often enough to elicit its full powers. There is really no ground for a timid use of it, for, if pure, it does not disagree with the primæ viæ, but, on the contrary, I have often found it to be of great advantage in imperfect digestion arising from a relaxed condition of the stomach. I have never known it to cause headach, except in one instance, where the patient took by mistake nearly thirty grains at one dose. It has no constipating effect, nor indeed, can I name any disagreeable effects arising from its use, except where the bronchial membrane is extremely irritable, in which cases it should be given cautiously, or it may cause a sense of oppression at the chest. I will not add to the length of this communication by any theoretical remarks on the action of gallic acid as a medicine, but I may observe, that as it can be detected in the urine, a few hours after it has been taken, I made a trial of it a few days since in a case of gonorrhœa. The disease was of eight days' standing, and the patient took one drachm every twenty-four hours, in twelve-grain doses; in four days the discharge was changed from a thick consistence and yellow color to the smallest possible quantity of colorless gleet, when, having exhausted his supply of gallic acid, he took for or five copabia capsules, which completed the cure. This may have been a peculiarly fortunate case, but at all events, such a remedy appears to deserve a further trial.

ART. II.—*On the use of Gallic Acid in the Treatment of Albuminuria.* By JOHN LYEIL, Esq., Surgeon, Newburgh, Fife.

I was much pleased in perusing Mr. Sampson's recent paper "*On the Use of Gallic Acid in Albuminous Urine*," as it is a practice corroborative of the beneficial agency I have experienced from the same medicine for several years past.

The same process of reasoning which has led Mr. Sampson, knowing the effects of gallic acid in hæmaturia, to employ it in albuminuria, induced me, upwards of three years ago, to give it a trial in these latter cases, and, bating some exceptions, with the happiest effects.

Passing over the first case, in which I was my own patient, and speedily improved under its use, I shall give a brief detail of the second instance in which it was used by me, as a fair specimen of the cases in which gallic acid may be expected to do good—it resembles Mr. Sampson's fourth case.

Mrs. —, a married elderly lady, consulted me on Sept. 16, 1846. She had for some time been in delicate health, but several of her relations having died dropsical, she only got alarmed about herself on the appearance of swelling in the feet and ankles. She had a dirty, sallow complexion; her eyelids were puffy; her feet and legs œdematous; and, indeed, anasarca to a certain extent was apparent over the whole of the body. Examination of the thoracic and abdominal viscera, elicited nothing abnormal; the kidneys alone seemed to be at fault; there was dull pain in the lumbar region, particularly on pressure; the urine was scanty, diminished in specific gravity, and albuminous to one-fifth. After using the warm bath, and counter-irritation over the loins, the patient was put under the use of gallic acid, taking about twenty-five grains daily in divided doses. Speedily, on testing with iron, the acid was found in the urine, and steadily the albumen began to diminish. In ten days, after using about six drachms of acid, every trace of albumen had disappeared. There was still, however, slight anasarca present, to remove which, and expedite the cure, infusion of digitalis was prescribed; this, and a subsequent gentle tonic, (colomba,) removed every ailment. The patient has remained well ever since, being now upwards of three years ago.

This, and several other cases of a similar description, I laid before Professor Christison, in my correspondence with that eminent physician, who immediately subjected the acid to a trial, and brought the matter under the notice of his clinical class. This will be seen by referring to "*Gallic Acid*," in the last edition of his "*Dispensatory*," second edition,

1848. I thought of publishing a few cases on the use of the acid at the time when first used, but, under advice of the professor, I refrained till experience of its benefits had been more matured. The independent evidence of Mr. Sampson certainly says something in its favor. Since the writings of Dr. Bright appeared, the patho'ogical condition of the kidney inducing albuminuria have been much elucidated by the researches of Gluge, Simon, Prout, &c.; yet, however much our knowledge has increased in this respect, our powers of distinctional diagnosis have by no means kept pace with it. Hence the acknowledged difficulty in any given case to predicate the true *origo mali*—whether the organ may simply be congested, inflamed, choked up in the tubes, or in a *sui generis* state palpable to the knife and microscope, but hard to associate with a well-defined set of symptoms during life, — or whether, in fact, the kidney be at fault at all, and the evil rather dependent on the quality of the blood, as a few pathologists, in some instances, believe to be the case. It is true, that the use of gallic acid in albuminuria savours somewhat of empiricism, yet, with all our boasted knowledge, how often are we forced to be empirical in our treatment of disease. I have now used it in very many cases of albuminous urine, often, though not uniformly, with decidedly good effects. When it speedily becomes manifest in the secretion, it usually does good; if it fail, after a day or two, to make its appearance there, no benefit can be expected, and it should be given up. In the albuminuria consecutive to scarlatina I have scarcely ever used it; counter-irritation, the warm bath, with infusion of digitalis and broom, never fail once in twenty cases to relieve these sequelæ.

I believe, that in most cases of albuminuria, gallic acid may safely be made trial of as a remedial agent, not neglecting, of course, other obvious measures of relief; it will soon indicate those cases it is disposed to benefit. When our differential diagnosis of kidney disease gets more precise, we may be able to prescribe the acid to its appropriate cases at once; till then, we must cautiously feel our way.

ART. III.—*A Case of Hidden Seizures.* By MARSHALL HALL, M. D., F. R. S., &c.

At the close of 1848, I was summoned to see Mr. —, of —, aged about fifty, a merchant. I found him in a state of delusion in regard to his affairs. The other symptoms involved a bilious tinge of the eye and complexion, and the urine loaded with lithates, which led me, at that time, to the opinion that the condition of the brain and intellect

might be the effect of disarrangement or defect of the secretion of the liver and kidney. I prescribed alterative doses of the mercurial pill and mild antacid aperients, and my patient soon recovered.

This amendment was not destined to be of long duration. Mr. — suddenly relapsed, and became the subject of a violent maniacal paroxysm of considerable duration, and requiring a keeper. What was now the *precise* nature of the disease?—an anxious and difficult question in every case of mania. There was, on this occasion, no remarkable tinge of the eye or skin,—nothing very wrong in the secretions,—to account for the symptoms. Was the case arachnitis? This opinion seemed probable. It was treated with more decided mercurials and antacid aperients, with a spirit lotion applied to the head, and fomentations to the feet; whilst opium, in large doses, was given, at the suggestion of another, for the violence of the delirium, and apparently with good effect. The patient again recovered, less speedily, however, than before.

We were again doomed to be disappointed. The patient suddenly relapsed; but now, instead of delirium, the principal symptom was a sort of amentia, or dullness of intellect; so that, as I had before suspected arachnitis, I now suspected effusion. We pushed our former remedies, the opium excepted, and the patient again recovered; and indeed, so little tardily, as to compel us to relinquish the idea of effusion.

It was after this event — after this third attack, in which, for a time, I suspected *effusion*, but which passed off too soon for effusion — that a new idea occurred to me, involving a new question; and on reconsideration of the whole case, I asked — Had there been a seizure, or rather seizures, of an epileptoid character unobserved, in the night, or when the patient was from home? In a word, was it a case of hidden seizures? — a question now, I believe, occurring in the practice of medicine for the first time; and of how great importance will, I think, shortly appear, — a question agitated most anxiously, not only by the physician, but by the most devoted of wives. Indeed it is an extract from this lady's account, that I now beg the especial attention of the members of the profession, as to an account of events, free from bias, and full of the deepest interest:

“The sad experience of the last two months (during which time I have witnessed several distinct convulsive attacks) has convinced me that Mr. — has been subject to many seizures entirely *unknown* and unobserved, except in their effects. During the last week of February last, he was in a state of great mental excitement — quite distressing to

those around him. On the first of March, about noon, a sort of stupor came over him, to me quite unaccountable. We were walking at the time, and he had remained *perfectly silent* for at least a quarter of an hour before my attention was drawn to the altered expression of the countenance. This stupor lasted only a few — perhaps three or four — hours, but it was followed by great nervous excitement or mental agitation, almost bordering on delirium. I did not *suspect*, of course, the *real* cause of this — indeed, I looked upon it as another phase of his distressing illness. On the night of Saturday, March 3, Mr. — retired to his room in a state of the greatest mental agitation. At one o'clock he fell into an apparently sound sleep. At about half past seven o'clock on Sunday morning, he arose from his bed, and began as usual, to dress himself, or rather, he *tried* to dress himself. I was greatly surprised and alarmed to observe that a great change had come over him. His hand was feeble, his step was unsteady, his intelligent countenance had a vacant expression, and to my anxious and repeated inquiries, he only answered by a movement of the head, to which I could attach no meaning. During that day and the following, he remained in a deep stupor, only occasionally giving imperfect and indistinct replies to the questions put to him. On Monday morning Dr. Marshall Hall saw him. He thought there must have been some attack of an epileptoid character; but nothing had been observed — nothing could be told. On Tuesday morning there was decided delirium, which lasted three or four hours. The same evening, in walking to and fro in the drawing-room, his hand, in which he held mine, was nervously contracted several distinct times, and his head gradually drooped till it almost rested on the shoulder. Shortly afterwards he was seized with a sort of shudder, which I thought arose from fear — a noise having been heard, which he said was 'loud thunder.' This attack, slight as it was, enfeebled yet more the hands and feet, and increased the stupor, but no delirium followed. This was all that could be detailed then to Dr. Marshall Hall, who made most anxious and minute inquiries on the subject.

"About the end of March, Mr. —, while sitting in his chair, fell asleep, no very unusual occurrence. I left the room to arrange some domestic matters, and Miss — remained alone with him. On my return, she described what we both ignorantly believed to be the effect of a troubled dream, or an uneasy position, or both combined. Miss —'s attention was first called to her brother by a slight gurgling in the throat. The lower lip had fallen greatly; the tongue, she said, moved 'most curiously from side to side,' and the eyeball was drawn

upward ; but in a few minutes all this passed away ; the features resumed their former expression ; and all this took place without any apparent interruption in the sleep.

“The first week in May we removed to ——. Within the short space of ten days after our going thither, I was distressed and perplexed to observe, that on two distinct occasions the articulation suddenly became slow and imperfect, the voice low and feeble, and on each occasion there was a loss of power, mentally and bodily. But I had observed no seizure, neither did I suspect any. On the 19th of May, I was standing talking with Mr. —, and while he was in the very act of speaking, the mouth was suddenly drawn to the right side, the tongue became paralyzed, and the right hand was drawn inward. In great alarm, (for this was the first *unequivocal* seizure I had ever witnessed,) I took the hand and rubbed it, as I would have done for cramp, four or five minutes. While I was doing this, all appearance of a seizure passed away, only the effects remained. For several hours afterwards the articulation continued to be slightly imperfect, the voice low, and the step feeble and unsteady.

“Within a week after this, just as we were finishing a game of backgammon, Mr. — had a similar attack, equally short in duration, but rather different in its effects. On this occasion, slight delirium followed, but the articulation was afterwards perfect.

“Both these seizures would have been entirely unknown, unnoticed, save in their effects, had my attention at the time been directed to any other object.

“In a few days after this, followed the severe and most alarming attack, which lasted four hours. Then succeeded another, and another, equally distressing, the effects after each attack varying very considerably.”

On one of these occasions this lady writes—

“This morning my dear husband has unhappily had another of those dreaded seizures, which, though slighter than some of the previous attacks, has taken away the power of speech ; and the right side is also paralyzed.”

On another she writes—

“I think I have in conversation once, or more than once, referred to the peculiar feeling, or rather absence of all feeling, in the right arm, which Mr. — often felt on first awaking from sleep. It is about three years since he first complained of this ; observing that his right arm must either be ‘paralyzed or benumbed.’ Sometimes he complained of this on awaking in the morning, but I think more frequently when

he awoke from the hour's sleep which he usually took every evening after dinner, when he had no guests at his table."

My *conjecture* must indeed have appeared extraordinary to every unbiassed mind, for it was soon—too soon, alas! converted into *fact*, by the occurrence of seizures of no dubious or equivocal character.

The fourth serious attack was one of distinct epilepsy, leaving defective articulation, paralytic weakness of the hand, and imbecility of intellect, for a time, and then gradually, but imperfectly receding.

Other seizures followed, open and unequivocal; these it is unnecessary to detail. My conjecture had become a sort of prediction fulfilled. My patient died, and a post-mortem was made, of which the following is the brief and imperfect detail—

"The arachnoid membrane presented the appearance of opacity, with effusion of lymph beneath its surface. The brain, immediately beneath the arachnoid membrane, was remarkably firm, and contained an unusual quantity of blood. Three or four table-spoonfulls of serum were found in the lateral ventricles. No other morbid change was observed in the brain. No other organ was examined."

It now becomes an interesting question—What are the probable effects of repeated seizures of the kind described on the delicate tissues of the brain and its membranes? May they be such as are described in this post-mortem examination?

The *first* effect is, doubtless, congestion. This may subside after the first and second attacks. But does it entirely subside after the third or fourth? May it leave lesion of tissue? And if so, of what kind? In the delicate tissue of the encephalon, may it have the appearance of arachnitis or of encephalitis?—effusion of serum or of lymph?—or softening or induration.

When, in cases of paroxysmal disease, such effects are found, who shall say, without years of special study and observation, whether, in fact, they be *causes* or *effects*?

But that in all such cases a most careful inquiry should be made, in regard to past "hidden seizures," there can be no doubt.

Nor does this question cease here. It may become a *legal* question; and in another and terrible sense, a question of life and death.

A seizure—perhaps a hidden seizure—may take place, and leave a monomaniacal tendency to suicide or homicide. *Crime* may be committed, and no proof of previous insanity exist. Of such a case, the Law hitherto, equally with Medicine, has taken no cognizance. This crime may be one involving loss of property, honor, life.

Such a case occurred recently, at Greenwich. A nurse-maid rose from her bed, went into the kitchen, seized a carving-knife, partially

severed the head of her little charge from its body; and all this without detectible motive. She had been subject to some kind of seizure, supposed to be hysterical, but far more probably epileptic.

How fearful the consequences of such a state of things might be, I need not say; but certainly every means should be employed to detect such a hidden seizure in such a case; and especially the temples should be examined for ecchymosis; the tongue, for a bitten wound; the pillow, for marks of the foaming at the mouth; and the linen, for stains left by some evacuation; whilst the patient should be carefully interrogated, to detect the slightest incoherence or aberration of ideas, or confusion or defect of memory.

Under all circumstances of sudden crime, the possibility of the occurrence of a seizure should be presented to the mind; how much more, if the patient have been epileptic, or if the case be *puerperal*!

But, to return to the medical view of this subject and the case before us: let us bear in mind that the diagnosis is everything in the practice of medicine; and that we have, in diseases of the head, sometimes to trace the affection to deranged function of remote viscera; sometimes to detect an original organic disease of the encephalon; and sometimes to trace the symptoms to a previous, but unobserved, and therefore hidden, paroxysmal seizure.

SURGERY.

ART. IV.—*Remarks on a case of Compound Oblique Fracture of the Tibia, with Comminuted Fracture of Fibula.* By H. F. CARTER, Esq., M. D., Surgeon, New Shoreham, Sussex.

On Wednesday, May 30, I was called to Henry L——, aged fifty-two, and found him at the bottom of a sawpit, down which he had fallen, in a state of intoxication. About an inch and a half of very sharp bone was protruded through the stocking, and he bled profusely. I immediately had him conveyed home on a shutter; and having uncovered the limb, proceeded to make a most careful examination. The first thing that struck me was the abundant hæmorrhage proceeding from a slight laceration in the anterior tibial artery; and on transferring my attention to the bones, I detected the tibia broken downwards and inwards immediately above the inner malleolus, so leaving a small piece of tibia attached to the joint; while the very sharp, angular, upper fragment had pierced his skin and stocking, and was besmeared with sawdust. The fibula was fractured in two places immediately above the outer malleolus, and again about two inches above that. The integu-

ment was stretched tightly over the projected tibia, and the man was in great agony, and was naturally of an irritable habit, little able to endure pain, with a constitution impaired by the dissipation of years ; and to add to the complexity and unfavorable aspect of the case, the left leg presented an unhealthy, extensive ulcer. Under these circumstances, amputation occurred to me as the first resource ; but the remembrance of many severe cases about the ankle-joint, wherein almost incredible reparations had been effected by Nature to restore extensive injury and mutilation, induced me to give the fellow a chance.

After the greatest difficulty, I contrived to reduce the bone. Having first made a long incision through the integuments, I then applied a compress over the anterior tibial artery, and placed the limb in Liston's splint—the double-inclined plane—and left him. He was undisturbed for four days ; and at the end of that period he had not undergone much suffering, and the bleeding had stopped. On the removal of my appliances, however, I was much chagrined to find the bone protruding as badly as ever. It would appear that the fracture, being below the attachment of the soleus altogether, that muscle acting from the os calcis as a fixed point, pulled the superior fragment downwards and inwards. I determined to use every precaution to oppose the action of that muscle effectually, and again reduced the bone and re-applied the splint and bandages.*

The great desideratum in this case was an invincible barrier to muscular action ; and the chief object of this communication is to point out what appeared to me, after many trials, most effectually to answer this end. Perseveringly, every contrivance I could imagine was tried to keep the bone in its situation ; and though succeeding, perhaps, for two or three days at a time, muscular spasm would suddenly come on, especially whilst my patient was asleep, and forcibly drag out the bone. Extensive suppuration took place, to which exit was given. This was particularly the case about the outer ankle.

On Monday, July 9, I removed upwards of half an inch of bone with the cutting pliers. I then placed the limb in the straight position, resting on the calf with a long, straight splint, notched at its extremity on the outer side. My patient was doing well, healthy and free granulations filled up the wound and covered the protruded end of bone. Wa-

*A similar catastrophe is recorded by Sir A. Cooper, in his work on "Dislocations," p. 306. "As soon as," he says, "the bandages were removed, a violent spasm threw the bones from the astragalus, and all the efforts I could make would not replace them. Amputation became inevitable."

ter-dressing. I may mention that he was taking the following medicine and diet, which was continued uninterruptedly to the end of the cure: Disulphate of quinine, one grain; tincture of cinchona, and orange tincture, of each a drachm and a half; distilled water, an ounce and a half. To be taken three times a day. Three quarters of a pound of solid meat; one pint of Dublin stout, and accessories *ad libitum*.

July 10th. — Passed a very good night; the end of the upper fragment of bone still projects greatly over the inner malleolus, but it is quite covered with some of the best granulations I ever saw. Nature has formed a most beautiful provision to keep down the bone; a firm band or cicatrix has arched itself over the end of the bone, attempting to keep it down. His bowels are regular, and have been so since he commenced the quinine; tongue clean; pulse natural; in much better spirits.

Up to the 21st he went on favorably, but still the bone projected more than was desirable, and now I had recourse to a contrivance, which, I think, if it had been used in the first instance, might have obviated much difficulty and trouble, and perhaps have done away with the necessity of removing the end of the bone. I applied that modification of Liston and Boyer's splints, described in *The Lancet*, consisting of a long straight splint, a belt to go round the waist, and a leather shoe; the upper end fits into a pouch in the belt, and at the lower is a screw, to which is attached the shoe; and the whole is so managed, that by turning a nut with the finger and thumb, the most forcible and most gradual extension can be made. So insuperable an obstacle does this appliance offer to muscular action, that with it the advantage of reducing the muscles of the calf by bending the leg on the thigh appeared of no moment whatever. I strikingly perceived, in this instance, the truth of a remark often made by Liston, that even if a muscle be put on full stretch, it soon loses its tonicity, becomes flaccid, and ceases to act as a displacing agent. In this way, then, if you can only procure an apparatus which shall resist muscular action completely, you need not attend to position (*quoad* muscular action) at all; it only becomes necessary to relax the fibre when one cannot tire it out by perfect resistance.

24th. — Going on well; the leg is getting into better shape; the shaft of the tibia is much less oblique, straighter and longer. This affords a remarkable proof of the susceptibility of callus, whilst in a soft state, to undergo stretching and moulding.

27th. — Very much better.

Aug. 4th. — Heel has become exceedingly sore, tender, and bleeds profusely; but for this unfortunate complication, I believe I should have

succeeded in making the limb the same length of the other, notwithstanding the removal of the end of the bone. Discontinue all traction, and place the limb in the straight position merely.

14th. — Can move the entire limb easily ; complete consolidation has taken place. Shortly after this, he left his bed, and took to crutches, daily gaining strength, and being possessed of a limb, which, though shorter than its fellow, is yet so useful, that he would not, in the words of Sir Astley Cooper, “exchange it for a wooden one for all Europe.”

ART. V.—*Dislocation of the First Phalanx of the Thumb on to the Dorsal Surface of the Metacarpal Bone.*

Dr. UHDE, of Brunswick, in a report of cases treated by him at the hospital of that town, from 1844 to 1848, relates two instances of this dislocation. The first patient, a man aged thirty-eight, received the injury by striking the palmar surface of the left thumb against a beam, as he was falling from a ladder. When he was brought to the hospital, about an hour after the accident, the first phalanx was so placed as to form nearly a right angle with the metacarpal bone, while the second phalanx was slightly flexed. The metacarpal bone could be moved upon the trapezium only in a direction towards the index finger, and that to a very slight extent and with much pain. The wrist being fixed by an assistant, extension from the first phalanx was kept up for half an hour without success. Dr. Uhde then placed the radial borders of his forefingers upon the head of the metacarpal bone, and both his thumbs on the upper end of the first phalanx, pressing the former bone upwards, and the latter downwards. The dislocation was instantly reduced, and within ten days the patient resumed his occupation of mason.

The second case was that of a boy, aged 15, who, in falling from a height of several feet, struck the dorsal surface of the first phalanx of the right thumb, which was doubled into the palm, and the palmar surfaces of the fingers, against the ground. An hour and a half after the accident there was considerable swelling of the part. The tendon of the extensor (*secundi internodii*) pollicis formed a marked prominence along the dorsal aspect of the metacarpal bone, bounded by a little pit on either side. The first phalanx was bent backwards at an obtuse angle, the second slightly flexed, and the head of the metacarpal bone projected into the palm. A similar mode of reduction to that employed in the former case replaced the dislocated bone in a few seconds.

Dr. Uhde enumerates the instances of successful reduction of this dislocation by Hey, Bell, Chapman, Ballingall, Shaw, and Fincke ; and

the difficulties experienced by Bromfield, Evans, Liston, Desault, Boyer, Dupuytren, Pailloux, Reinhardt, and Gunther; and then describes the results of some experiments made by himself on the dead body. He dislocated the thumbs of ten subjects by bending backwards the first phalanx. In seventeen cases, the parts were easily replaced by extension, by pressure, or by flexion of the dislocated joint. Dissection gave the following results:—Splitting of the flexor brevis pollicis; exposure of the head of the metacarpal bone; rupture of the fore part of the capsular ligament, and of the lateral ligaments; the sesamoid bones lying on the projecting edge of the dorsal surface of the metacarpal bone; only in a few instances had the tendon of the flexor longus pollicis slipped inwards. Three dislocations remained irreducible. In two of these, beside the foregoing appearances, the internal lateral ligament was torn through, and the sesamoid bones lay between the projecting border of the metacarpal bone and the first phalanx. In the third case the appearances were the same, except that the external lateral ligament had given way, instead of the internal; and the inner sesamoid bone, separated from the outer, lay internal to the head of the metacarpal bone.

All the surrounding parts with the exception of the ligaments and sesamoid bones, were then removed from the three irreducible dislocations, and extension was made, but without reducing the dislocation, which, however, yielded at once to the proceeding above described as having been successful in the living subject. The three joints were again dislocated, and the uninjured lateral ligament divided, when simple extension sufficed to replace the bones in their natural position.

ART. 6.—*Retention of Urine in the Bladder relieved without Catheterism.* By M. J. J. CAZENAVE.

In the "Union Medicale," for 19th July, 1849, M. J. J. Cazenave adverts to the great difficulty which is frequently encountered in relieving, by means of the catheter, persons suffering from retention of the urine in the bladder, and describes a method of treatment, which he performed and found more available than the instrumental. During the last eleven months, he has been called to eleven cases of this description; three were from chronic inflammation of the prostate gland, and the other eight were dependent on strictures. Of the latter class, three had been subject to long and unavailing trials with the catheter; and five had not been interfered with in any way. The treatment to be described completely failed in the three prostatic cases; it likewise failed

in two of those in whom the catheter had been used before M. J. J. Cazenave was called in; but in the six remaining cases—cases of complete retention of urine—it was entirely successful. These are the facts upon which the recommendation of the treatment is based, which is thus described by the author:

“When called to a patient laboring under complete or incomplete retention of urine, I immediately cause the larger bowel to be emptied by means of an oily clyster; or I may prescribe a purgative one, if there have been no motion for fifteen or eighteen hours. When the first clyster has been returned, I make use of another, less in bulk, and of cold water. Absolute rest in bed is enjoined; and compresses soaked in cold water, or (what is better,) bladders filled with roughly-pounded ice, are placed around the penis, upon the perineum, thighs, anus, and hypogastrium. If the patient do not pass more or less water after half an hour of this treatment, I have him laid on the edge of the bed, with a waterproof cloth under him, and then subject him, for twenty or twenty-five minutes, to a cold ascending douche, in a small continuous stream. At the end of this time I give another cold lavement, and introduce into the rectum small, smooth fragments of ice. The application of refrigerants to the parts above specified is, at the same time, continued. In an hour I have generally been rewarded by success.”

The author speaks with disappointment of his trials with chloroformization as an aid to catheterism.—*Ranking's Abstract, from London Journal of Medicine.*

ART. 7.—*Retraction of the Leg—Instant Cure by the use of the Actual Cautey, and Forcible Extension.* By M. ROBERT.

Two cases of great interest have been lately admitted into this hospital under M. Robert, of Rheumatic affection of the knee, with contraction of the leg, and great pain in the joint, and which was immediately relieved by the use of the actual cautey, the patient having been previously chloroformed. In one case the subject was a robust country woman, about 45 years of age, who had for many months suffered with rheumatism in the left knee. The joint had acquired a great size, and the leg became gradually bent almost to a right angle. After having tried various remedies without any avail, she came to the hospital. On examination, the limb was in the position just mentioned, and lay upon its outer side; the knee very large, half as big again as the other, and excessively painful upon the least movement or touch, with inflammatory engorgement in all the surrounding tissues. The patient suffered

great pain, and could get no sleep night or day; it was evident that the disease was proceeding either towards complete ankylosis, or towards some other disorganization, from the fact of the abnormal position of the bony surface, and their progressive alteration, as well as of the neighboring fibrous tissues, and the retractions of the muscles of the leg. M. Robert operated upon the patient in the following manner: The patient was first placed under the influence of chloroform, and five or six stripes were made about four or five inches in length, with a red-hot iron, around the affected joint. M. Robert next forcibly extended the limb, counter extension being made at the thigh, whilst the knee itself was acted upon, and the articular surfaces made to return to their normal position. After some effort, the limb was brought back to its rectitude and natural length; it was then fixed in a metallic trough, extending from the calf of the leg to the thigh, and the wounds dressed. On awaking, the patient found, with surprise, that her leg was extended and fixed in an apparatus. The pains of which she had complained before were gone, and she felt nothing but the smarting of the wounds.

Six weeks after the operation, the wounds were healed, and the patient enabled to walk and support herself upon the straightened limb. The knee is still weak, enlarged, but not painful; pressure was applied to it, and the patient gets better and better. The articular movements, though still imperfect, increase more and more, and it is almost certain that in a little while the cure will be complete.

The other case was that of a man 40 years of age, who had long suffered from rheumatic affection of the left knee. The limb was equally bent and painful, as in the former case, though not so much swelled, and the same treatment was adopted in every respect, and with the same satisfactory result.—*Annales de Therapeutique, Mars; Prov. Med. and Surg. Journal.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1. — *The Diseases of Females; including those of Pregnancy and Child-bed.* By FLEETWOOD CHURCHILL, M. D., &c. 5th American Edition, revised by the author, and containing the notes of Robert M. Huston, M. D., &c. &c. Philadelphia: Lea & Blanchard, 1850, large 8 vo. pp. 632.

To indulge in panegyric, when announcing the fifth edition of any acknowledged medical authority, were to attempt to "gild refined gold." The work announced above, has too long been honored with the term

"classical" to leave any doubt as to its true worth, and we content ourselves with remarking, that the author has carefully retained the notes of Dr. Huston, who edited the former American editions, thus really enhancing the value of the work, and paying a well merited compliment. All who wish to be "posted up" on all that relates to the diseases peculiar to the wife, the mother, or the maid, will hasten to secure a copy of this most admirable treatise. (For sale by Whiting & Huntington.)

2.—*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.* By P. CAZEAUX, Adjunct Professor in the Faculty of Medicine of Paris, &c. &c. Translated by Robert P. Thomas, M. D., &c. &c. Philadelphia; Lindsay and Blakiston, 1850, large 8vo. pp. 765.

Large as is the stock of treatises on the obstetric department of the art of medicine, we still welcome this new one as a valuable addition, especially to that class of works more especially intended for the use of students. It is less wholly French than other works on the same subject, heretofore published in the language of that people, the author having elucidated, and in a great measure adopted the views of the German authorities, Nægele and Stoltz, not forgetting to compare notes with American, English, and French authors, and especially acknowledging his obligations to his renowned teacher, the excellent Paul Dubois.

The chapters devoted to the history of the changes that take place in the ovary and ovulum, both before and after fecundation, are very complete, yet concise. In treating of the mechanism of labor, the author adopts the simple and intelligible classification of Nægele, easy of comprehension, simplifying the description of the whole process of delivery, and rendering clear and determinate the indications for manual or instrumental aid, in cases of difficulty or deformity.

The work is well translated, reading smoothly and pleasantly, and illustrated by not less than one hundred and seventeen engravings and wood cuts, and is altogether handsomly gotten up. (For sale by Whiting and Huntington.)

3.—*The Fallacy of a supposed Vis Medicatrix Naturæ, being an Inquiry into the True Nature of Disease.* By C. GRANT, M. D., of Cincinnati. (Reprinted from the Western Lancet.)

We had shrewdly suspected the pamphlet of which the above is the title, to be a hoax, a mere medico-political party squibb, until the re-

ceipt of the journal in which it is published dispelled the illusion, and compelled us to believe the author to be in sober earnest: We will not, however, pay so poor a complement to our readers, as to *review* the little opus—that would be indeed to break “a butterfly upon the wheel,”—but merely reproduce sufficient to give a taste of the writer’s quality:—

“The physiological play of the system, in a state of health, is carried on safely, and the vital powers are kept up by a regular and harmonious action of all the organs of the body. We have no difficulty in understanding what are the healthy *forces* of the body. When, however, we come to enquire what are the *health restoring* powers, it is quite another matter, and one by no means so tangible.” - - - -

“If purulent matter be formed as the result of this inflammatory action, it tends naturally to the external surface, and this is thought to depend upon an effort of nature. This is not, however, from any special *effort* or design, but from the simple circumstance that *the vital powers of the body are stronger internally than externally*. As a consequence, ulceration from destructive inflammation advances towards the surface externally. This view receives additional confirmation from the fact that if any resistance is met with in its exit externally, as *faciæ** or other structures not easily perforated, *then it goes internally.*”†

“The doctrine that nature cures disease, is predicated upon ‘false facts.’ There is no evidence that there are any *forces of the body* calculated to correct morbid derangements. In fact, there are no such forces as are spoken of. It is evident that nature can only act physiologically; and nothing is clearer than that the physiology of an organ is suspended when that organ is in a pathological condition. [!!!!] If physiological action is not curative, what principle then, in the animal economy, is? Surely not a pathological one.”

“By disease is understood an alteration from the healthy structure or function—in other words, a pathological, instead of a physiological condition.”

“There are powers in the body to repair the injuries occasioned by disease, notwithstanding the want of power to cure. These powers of the system, however, never act until disease has subsided.”

“Those who look to the natural powers of the system for the cure of disease, say that the physician removes the hindrances that embarrass

*So spelt in the original.

†The Italics are our own.—ED. O. M. J.

nature. This is a mistake. The physician on the contrary destroys the *force* of the disease."

Comment on the above is unnecessary; we shall await with impatience the new "lexicon medicum" which we certainly have a right to expect at the author's hands, and take this opportunity to renew the expression of our allegiance to the principle "*natura sanat, medicus curat morbos*," although "certain obvious moral causes naturally lead most men, in cases of doubt, to exaggerate, rather than undervalue, the importance of their own interference with the natural causes of diseases."*

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

We had intended to have published in this number of our journal, a report of the proceedings of the American Medical Association, but find our pages already so full that we must defer doing so, until our next issue. There is also less than the usual variety, but yet we hope fully the usual amount of interesting and instructive matter; the paper on Croup, by Dr. JOHN WARE, we look upon as a valuable contribution to practical medicine, and recommend it earnestly to a careful perusal.

With this number concludes the second volume of the *Ohio Medical and Surgical Journal*, and it is with no ordinary feelings of satisfaction, that we now address the usual valedictory remarks to our readers. Our Journal has received an amount of support, of which we may fairly feel proud as we are grateful—and yet like *Oliver Twist*, we make bold to hold out our hand and "ask for more." To correspondents, we say, "pray send us communications;" to subscribers, "please pay up your subscriptions." Without a certain modicum of original communications and paying subscribers, no periodical can be said to live; it may indeed for a time drag along a slow length of languishing existence, at *somebody's* expense, but can never be conducted with energy, nor meet with literary success. We write this with the agreeable consciousness of having comparatively little complaint to make; this journal has met with a success almost unprecedented in

* Alison's Outlines of Pathology.

the history of similar publications in the United States ; but to appreciate our remarks, our readers should be in possession of facts rarely known out of the circle of editors and their familiars ; such facts, for example, as that few journals pay their expenses. We know of one most excellent one, which cost its professional editors and proprietors, \$900 the first year, and probably barely makes both ends meet even now. We are fully aware of the reason why so many who are able to contribute both to the pages and to the support of the journal, are slow to do the one and the other, and we name it in the hope that some little qualms of conscience may arise, and save us future dunning ; it is this—each one thinks that the want of his mite will not be felt. Now, good friends, we do solemnly assure you this is not the case ; we want your contributions of matter to our pages, and of money to our purse ; and as we can by no means afford to employ a collector, much less to give away our journal, we shall be under the necessity of ceasing to send it to any one who does not promptly pay up ; for much as we love science, we have really no desire to become bankrupt for its sake. The labour of editing, although literally with us “a labor of love,” is far greater than the uninitiated suppose, the mere dull, mechanical, hard, routine, labour ; and this be it remembered, is all thrown in “free, gratis, for nothing ;” we charge nothing for it, only do not expect to have our printer's bills to pay out of our own pocket.

Our third volume will commence with the issue of the next number, and some improvements and additions have been suggested to us, during the past year, which with increased facilities and experience, will enable us not only to keep the position already achieved, but at least to strive after, perhaps to succeed in attaining the distinction which is the object of our, we trust, honorable ambition, that of fairly representing the medical profession of Ohio. And so greeting the readers of this second volume of the Ohio Medical and Surgical Journal, with a respectful adieu ! we make our bow to that crowd of subscribers to our *third*, which we see looming up in the dim perspective of a sanguine editor's “thick coming fancies.”

APPOINTMENT.—The editor of this journal has been appointed Superintendent of the State Lunatic Asylum, and enters on his duties the 1st of July.

CHOLERA IN COLUMBUS. — Honesty is *always* the best policy, and never is the truth of the adage better illustrated, than in times when panics arise with respect to epidemic or contagious diseases. The attempt to conceal the real state of the case, at once raises so great a cloud of suspicion, that the feeling of dread naturally associated with the mysterious, creeps over the strongest minds; over the minds of those who in face of real and imminent danger, are calm, cool, collected and efficient in the performance of their duties. No man can battle with an unseen combatant.

As far as we have been able to ascertain, there have been three deaths from cholera in this city; the last occurred on Monday, the 8th of July. One of these fatal cases, about the true nature of which there has been considerable dispute, was that of an insane female from Cincinnati, on her way to the Asylum; another elderly lady was seized almost immediately on her return from a visit to Cincinnati; and the third and only truly indigenous fatal case, occurred in the person of a lady upwards of fifty years of age, who had not for years enjoyed good health. For the rest, at the moment we are writing, (evening of July 10th,) we are convinced by inquiry, that the city is very healthy for the time of year, and that with those precautions which are in reality just as much a duty where no cholera is to be feared, as where it is decimating the population, we shall (please God!) escape anything like an epidemic of a disease which we believe to be as easily prevented as it is with difficulty cured.









